

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

**Feb 05, 2005 08:00 AM
Secretary of State**

DOCUMENT # F03000003739

1. Entity Name

GOD'S WORK MINISTRIES, INC.



Principal Place of Business

4929 E. SHADY ACRES DR
INVERNESS FL 34453
US

Mailing Address

P.O. BOX 1465
HERNANDO FL 34442
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

72-1391074

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required



1st MOORE

CR2E037 (10/04)

6. Name and Address of Current Registered Agent

HUPCHICK, JOSEPH P
4929 E. SHADY ACRES DR
INVERNESS FL 34453

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
CPT
HUPCHICK, JOSEPH P
4929 E. SHADY ACRES DR
INVERNESS FL 34453 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VCVP
HYPCHICK, KATHLEEN
4929 E. SHADY ACRES DR
INVERNESS FL 34453 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S
HYPCHICK, KATHLEEN
4929 E. SHADY ACRES DR
INVERNESS FL 34453 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
MILLER, CECIL
1320 NE 25TH AVE.
POMPANO BEACH FL 33062 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
MUSSELMAN, ANNE
1501 NE 2ND STREET
POMPANO BEACH FL 33060 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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U00000216148
02/05/05-80037-008 70.00

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STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Joseph P. Hupchick Joseph P. Hupchick

2-2-05

352 726 9998

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #