

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90453 047 ****61.25

DOCUMENT # F03000003739

1. Entity Name

GOD'S WORK MINISTRIES, INC.

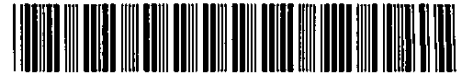


Principal Place of Business

**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

1st MOORE

CR2E037 (10/05)

4. FEI Number

72-1391074

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 reconstituting)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE D ☐ Change ☒ Addition
NAME Ramsey, Bob L
STREET ADDRESS 714 DESOTA AVE
CITY-ST-ZIP INVERNESS, FLA 34452

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

TITLE ☐ Change ☐ Addition
NAME Kathleen L. Hupchick correction of
STREET ADDRESS name
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME Kathleen L. Hupchick correction of
STREET ADDRESS name
CITY-ST-ZIP

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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/06

352-726 9998