

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000003739

FILED
Mar 22, 2007
Secretary of State

Entity Name: GOD'S WORK MINISTRIES, INC.

Current Principal Place of Business:

4929 E. SHADY ACRES DR
INVERNESS, FL 34453 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1465
HERNANDO, FL 34442 US

New Mailing Address:

FEI Number: 72-1391074

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CPT () Delete
Name: HUPCHICK, JOSEPH P
Address: 4929 E. SHADY ACRES DR
City-St-Zip: INVERNESS, FL 34453

Title: VCVP () Delete
Name: HUPCHICK, KATHLEEN L
Address: 4929 E. SHADY ACRES DR
City-St-Zip: INVERNESS, FL 34453

Title: S () Delete
Name: HUPCHICK, KATHLEEN L
Address: 4929 E. SHADY ACRES DR
City-St-Zip: INVERNESS, FL 34453

Title: D () Delete
Name: MILLER, CECIL
Address: 1320 NE 25TH AVE.
City-St-Zip: POMPANO BEACH, FL 33062

Title: D () Delete
Name: RAMSEY, BOB L
Address: 714 DESOTA AVE
City-St-Zip: INVERNESS, FL 34452

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH P. HUPCHICK

CPT

03/22/2007

Electronic Signature of Signing Officer or Director

Date