2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2009
Secretary of State

DOCUMENT# F03000003739

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:	HENDRIX, RALPH	
Address:	316 SWEET BAY CIRCLE	
City-St-Zip:	JUPITER, FL 33458	
Title:		( ) Delete
Name:		
Address:		
City-St-Zip:		

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:	D	(X) Change ( ) Addition
Name:	HUNT, BARRY	
Address:	8386 W. KIMBERLY CT	
City-St-Zip:	HOMOSASSA, FL 34448	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	( ) Change (X) Addition
Name:	HUNT, VERA	
Address:	8386 W.KIMBERLY CT	
City-St-Zip:	HOMOSASSA, FL 34448	

I hereby certify that the information supplied with this filing does not qualify 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 04/01/2009
Electronic Signature of Signing Officer or Director — Date