

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2008 8:00 am
Secretary of State

07-14-2008 90027 029 ****61.25

DOCUMENT # F07000004772					
1. Entity Name GOD MADE ME TO...INC.					
Principal Place of Business 6412 MORaine HAMMOND, IN 46324			Mailing Address 6412 MORaine 1101 Nelson Meadow Lane HAMMOND, IN 46324 Kissimmee, FL 34759		
2. Principal Place of Business - No P.O. Box # 1101 Nelson Meadow Ln.		3. Mailing Address 1101 Nelson Meadow Ln.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Kissimmee, FL		City & State Kissimmee, FL		4. FEI Number 33-1065898	
Zip 34759		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROSS, ANGELA L 1101 NELSON MEADOW LANE KISSIMMEE, FL 34759			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by September 12, 2008			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 D <input type="checkbox"/> Delete NAME REDMOND, NICOLE STREET ADDRESS 11440 S. DAVOL STREET CITY-ST-ZIP CHICAGO, IL 60649	1101 Nelson Meadow Ln Kissimmee, FL 34759		TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	1101 Nelson Meadow Lane Kissimmee, FL 34759	
TITLE D <input type="checkbox"/> Delete NAME BROWNING, LISA STREET ADDRESS 2945 W. SEIPP CITY-ST-ZIP CHICAGO, IL 60652			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE D <input type="checkbox"/> Delete NAME KOONCE, MELODY STREET ADDRESS 1486 CALENDULA COURT CITY-ST-ZIP ROMEOLVILLE, IL 60446			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE D <input type="checkbox"/> Delete NAME WALLS, KINESHA STREET ADDRESS 21 WARREN STREET CITY-ST-ZIP HAMMOND, IN 46320			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE ST <input type="checkbox"/> Delete NAME ROSS, ANGELA L STREET ADDRESS 1101 NELSON MEADOW LANE CITY-ST-ZIP KISSIMMEE, FL 34759			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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 Chapter 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: <u>Angela L. Ross</u> Angela L. Ross			7-8-08 773 698-1207		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		