

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90127 016 ***150.00

0058695 AV

DOCUMENT # J35162

1. Entity Name
GODS WILL, INC.



Principal Place of Business
**1017 FLEMING DRIVE
PENSACOLA FL 32514**

Mailing Address
**1017 FLEMING DRIVE
PENSACOLA FL 32514**

2. Principal Place of Business
1010 BIG OAK DRIVE

3. Mailing Address
1010 BIG OAK DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
CANTONMENT, FL

City & State
CANTONMENT, FL

4. FEI Number
59-2723044

Applied For
Not Applicable

Zip
32533

Country

Zip
32533

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MINTON, LOIS Y.
1017 FLEMING DRIVE
PENSACOLA FL 32514**

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 \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **MINTON, DANIEL B.**
STREET ADDRESS **1017 FLEMING DRIVE**
CITY-ST-ZIP **PENSACOLA FL**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1010 BIG OAK DRIVE**
CITY-ST-ZIP **CANTONMENT, FL 32533**

TITLE **SD** ☐ Delete
NAME **MINTON, LOIS Y.**
STREET ADDRESS **1017 FLEMING DRIVE**
CITY-ST-ZIP **PENSACOLA FL**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1010 BIG OAK DRIVE**
CITY-ST-ZIP **CANTONMENT, FL 32533**

TITLE **D** ☐ Delete
NAME **MINTON, DANIEL B., JR.**
STREET ADDRESS **718 DEEDRA AVENUE**
CITY-ST-ZIP **PENSACOLA FL**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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 607, 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: Lois Minton 4/30/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)