**FILED** 

## DOCUMENT # N0000001626

1. Entity Name

GIFT OF GOD MINISTRIES, INC.

Principal Place of Business

Mailing Address

18459 PINES BOULEVARD

SUITE 104

18459 PINES BOULEVARD SUITE 104

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SPECEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES FL 33134  SIGNATURE    Street Address of Name and Address of Now Registered Agent   Street Address of Now Registered Agent	PEMBEN	WE PINES FI	PEMBROXE PINES FI						ł
SPIEGEL & UTRERA P.A. 343 AMERIA AVENUE CORAL GABILES PL 33134  SIGNATURE SPIEGEL & UTRERA P.A. 345 AMERIA AVENUE CORAL GABILES PL 33134  SIGNATURE SIGNATUR	ZID .	Country	Zip Country			<u> </u>	<del></del>		İ
SPECEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES FL 33134  To 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    Signature, fixed or printe name of registered agent and title if approaches.   PATE Registered Agent agent/are registered agent, or both, in the state of Florida.    FILE MOW: FEE IS \$61.25   PATE   PATE   PROPERTY   PATE   PROPERTY   PATE   P	330					Fee Required			
SPIEGEL & UTRERA, P.A. 313 ALMERIA AVENUE CORAL GABLES FI. 33134  6. 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    SIGNATURE		6. Name and Address of Current F	Registered Agent	None		Address of New Registere	d Agent		
333 ALMERIA AVENUE CORAL GABLES FL 33134  City FL Zio Code  City F					I Name S.C. M.E.				
AUMERIA AVENUE  COPAL GABLES FL 33134  City FL Zip Code  City FL Zip Code  City FL Zip Code  8. The above named entity submits this distement for the purpose of changing its registered office or registered agent, or both. In the state of Fords.  SIGNATURE  SIGNATURE  SUBMATURE  SUBMATU	SPIEGEL & UTRERA, P.A.			Street Ad	Street Address (P.O. Box Number is Not Acceptable)				
Action  B. 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									-
8. The above named entity cubmits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.    SignaTure									
SIGNATURE    FILE NOW: FEE IS \$61.25   9. Election Campaign Financing Trust Fund Contribution   \$5.00 May Be Added to Fees   \$61.25   0. Trust Fund Contribution   \$5.00 May Be Added to Fees   \$6.00 May Be Added to Fees				City		-	Zip Code	)	
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FILE NOW: FEE IS \$61.25  9. Election Campaign Financing Trust Fund Contribution:  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.  TITLE  PSTD		Steamer to the state of the sta	AIOTE	B 11 14 11 1					
TITLE D SNEATH, LEWIS SNEET ADDRESS CITY-ST-ZIP PEMBROKE PINES FL 33029		Signature, typed or printed name or registered agent a	nd title if applicable. (NOTE:	Hegistered Agent signatul	e required when reinstating)	DATE	·		
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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 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.

De D. D. Co. Occ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLES CHILDERS - PRES.

954704-4105

Daytime Phone #