

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90326 047 ****61.25

DOCUMENT # N00000008288

1. Entity Name

TRY GOD, INC.



Principal Place of Business

11370 TWELVE OAKS WAY (311)
NORTH PALM BEACH FL 33408

Mailing Address

11370 TWELVE OAKS WAY (311)
NORTH PALM BEACH FL 33408

14000000



1st MOORE CR2E037 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

11-3170524

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PARROTT, WILLIAM W
11370 TWELVE OAKS WAY (311)
NORTH PALM BEACH FL 33408

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 \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | PARROTT, WILLIAM | |
| STREET ADDRESS | 11370 TWELVE OAKS WAY (311) | |
| CITY-ST-ZIP | NORTH PALM BEACH FL 33408 | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | HAYNIE, PATRICIA | |
| STREET ADDRESS | 19112 DAWNWOOD | |
| CITY-ST-ZIP | JUPITER FL 33458 | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | RAHMAN, GHOLAM | |
| STREET ADDRESS | 7519 WEST LAKE DRIVE | |
| CITY-ST-ZIP | LAKE CLARK SHORES FL 33406 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | MERKOW, RIVA | |
| STREET ADDRESS | 11370 TWELVE OAKS WAY | |
| CITY-ST-ZIP | NORTH PALM BEACH FL 33408 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | LAKE, RICHARD | |
| STREET ADDRESS | 106 WINTER CLUB CT | |
| CITY-ST-ZIP | WEST PALM BEACH FL 33410 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | FERGUSON, SHARON | |
| STREET ADDRESS | 130-8 SPARROW DR | |
| CITY-ST-ZIP | ROYAL PALM BCH FL 33411 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|---------------------------|--|
| TITLE | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Dobbie Wenderlich/Kopp | |
| STREET ADDRESS | 1600 Canandis Rd | |
| CITY-ST-ZIP | West Palm Beach FL 33406 | |
| TITLE | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Penny Weisberg | |
| STREET ADDRESS | 405 Fourth Way | |
| CITY-ST-ZIP | West Palm Beach, FL 33407 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 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.

SIGNATURE: *William W. Parrott, Pres.* 4/27/05 561-625-4130
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #