2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 09, 2006 8:00 am Secretary of State DOCUMENT # N00000008288 1. Entity Name 02-09-2006 90022 012 \*\*\*\*61.25 TRY GOD, INC. Principal Place of Business Mailing Address 11370 TWELVE OAKS WAY (311) 11370 TWELVE OAKS WAY (311) NORTH PALM BEACH FL 33408 NORTH PALM BEACH FL 33408 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State Applied For City & State 4. FEI Number 11-3170524 Not Applicable Zip Country 7in Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PARROTT, WILLIAM W Street Address (P.O. Box Number is Not Acceptable) 11370 TWELVE OAKS WAY (311) NORTH PALM BEACH FL 33408 City 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) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Due By May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State A SWEET AND SHEET OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Debbie Klopp 1600 Carandis Ad PD TITLE ☐ Delete Addition TITLE ☐ Change PARROTT, WILLIAM NAME NAME STREET ADDRESS 11370 TWELVE OAK\$ WAY (311) STREET ADDRESS West Palm Boach, FL 33406 NORTH PALM BEACH FL 33408 CITY-ST-ZIP CITY-ST-ZIP Perry Weishing 405 Fourth Way SD TITLE ☐ Delete TITLE ☐ Change Addition HAYNIE, PATRICIA NAME NAME 19112 DAWNWOOD STREET ADDRESS STREET ADDRESS JUPITER FL 33458 CITY-ST-ZIP CITY-ST-ZIP TITLE TD TITLE Delete ☐ Addition RAHMAN, GHOLAM NAME NAME STREET ADDRESS 7519 WEST LAKE DRIVE STREET ADDRESS CITY-ST-ZIP LAKE CLARK SHORES FL 33406 CITY-ST-ZIP TITLE ח Delete TITLE ☐ Change ■ Addition MERKOW, RIVA NAME NAME 11370 TWELVE OAKS WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NORTH PALM BEACH FL 33408 CITY-ST-ZIP TITLE מו ☐ Delete TITLE ☐ Change ☐ Addition LAKE, RICHARD NAME NAME 106 WINTER CLUB CT STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 33410 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition FERGUSON, SHARON NAME NAME 130-8 SPARROW DR STREET ADDRESS STREET ADDRESS ROYAL PALM BCH FL 33411 CITY-ST-7IP CITY-ST-ZIP

FILED

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

CICNATURE.

Carl Carret