

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 09, 2007 8:00 am**  
**Secretary of State**

05-09-2007 90101 024 \*\*\*\*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



2. Principal Place of Business - No P.O. Box #

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

1st MOORE

CR2E037 (10/06)

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Parrott, William W.

Street Address (P.O. Box Number is Not Acceptable)

605 Universe Blvd T 716

City

Juno Beach

FL

Zip Code

33408

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, 2007**

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 ☐ Delete  
NAME PARROTT, WILLIAM  
STREET ADDRESS 11370 TWELVE OAKS WAY (311)  
CITY-ST-ZIP NORTH PALM BEACH FL 33408

TITLE SD ☐ Delete  
NAME HAYNIE, PATRICIA  
STREET ADDRESS 19112 DAWNWOOD  
CITY-ST-ZIP JUPITER FL 33458

TITLE TD ☐ Delete  
NAME RAHMAN, GHOLAM  
STREET ADDRESS 7519 WEST LAKE DRIVE  
CITY-ST-ZIP LAKE CLARK SHORES FL 33406

TITLE D ☐ Delete  
NAME MERKOW, RIVA  
STREET ADDRESS 11370 TWELVE OAKS WAY  
CITY-ST-ZIP NORTH PALM BEACH FL 33408

TITLE D ☐ Delete  
NAME LAKE, RICHARD  
STREET ADDRESS 106 WINTER CLUB CT  
CITY-ST-ZIP WEST PALM BEACH FL 33410

TITLE D ☐ 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 ☒ Change ☐ Addition  
NAME Parrott, William  
STREET ADDRESS 605 Universe Blvd T 716  
CITY-ST-ZIP Juno Beach, FL 33408

TITLE ☐ Change ☒ Addition  
NAME Perry Weissberg  
STREET ADDRESS 405 Fourthway  
CITY-ST-ZIP West Palm Beach, FL 33407

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME Merlow, Riva  
STREET ADDRESS 6020 N. Hwy 83  
CITY-ST-ZIP Hartland, Wisc 53029

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME Ferguson, Sharon  
STREET ADDRESS 280 Via Palladium  
CITY-ST-ZIP Boca Raton, FL 33433

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.

SIGNATURE:

W W Parrott - William W. Parrott, President 4/27/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

361-625-4130