2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005084

Entity Name: FISHERMEN OF GOD, INC.

FILED Sep 08, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1844 MATTERHONR DRIVE 1844 MATTERHORN DRIVE ORLANDO, FL 32818 ORLANDO, FL 32818 **Current Mailing Address: New Mailing Address:** 1844 MATTERHONR DRIVE 1844 MATTERHORN DRIVE ORLANDO, FL 32818 ORLANDO, FL 32818 FEI Number: 02-0616805 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HAMILTON, MICHELLE 1866 SPRÚCE RIDGE DRIVE ORLANDO, FL 32804 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition HAMILTON, MARY HAMILTON, MARY J Name: Name: 44 MATTERHORN DRIVE Address: 1844 MATTERHORN DRIVE Address: City-St-Zip: ORLANDO, FL 32818 City-St-Zip: ORLANDO, FL 32818 (X) Change () Addition Title: () Delete Title: Name: CURRIE, STEVE J Name: SIMMONS, DARREL Address: 2452 JOHN YOUNG PARKWAY Address: 4501 HAZEL GROVE DR. City-St-Zip: ORLANDO, FL 32804 City-St-Zip: ORLANDO, FL 32818 Title: () Delete Title: (X) Change () Addition STAFFORD, LOWELL JENKINS, TINA K Name: Name: 2449 SILVER CHASE DR. #1 Address: 4530 EVERS PLACE Address: City-St-Zip: ORLANDO, FL 32811 City-St-Zip: ORLANDO, FL 32808 Title: () Delete Title: () Change (X) Addition Name: Name: TYSON, PATRICKA 901 PAUL ST. Address: Address: City-St-Zip: City-St-Zip: ORLANDO, FL 32808 Title: () Delete Title: () Change (X) Addition LANE, LISA Name: Name: 301 CAPEN AVE Address: Address: WINTER PARK, FL 32789 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY HAMILTON P 09/08/2004