

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005084

FILED
Apr 30, 2005
Secretary of State

Entity Name: FISHERMEN OF GOD, INC.

Current Principal Place of Business:

1844 MATTERHORN DRIVE
ORLANDO, FL 32818

New Principal Place of Business:

Current Mailing Address:

1844 MATTERHORN DRIVE
ORLANDO, FL 32818

New Mailing Address:

FEI Number: 02-0616805

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAMILTON, MICHELLE
1866 SPRUCE RIDGE DRIVE
ORLANDO, FL 32804 US

Name and Address of New Registered Agent:

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:

Title: P () Delete
Name: HAMILTON, MARY J
Address: 1844 MATTERHORN DRIVE
City-St-Zip: ORLANDO, FL 32818

Title: C () Delete
Name: SIMMONS, DARREL
Address: 4501 HAZEL GROVE DR.
City-St-Zip: ORLANDO, FL 32818

Title: M () Delete
Name: JENKINS, TINA K
Address: 2449 SILVER CHASE DR. #1
City-St-Zip: ORLANDO, FL 32808

Title: D () Delete
Name: TYSON, PATRICKA
Address: 901 PAUL ST.
City-St-Zip: ORLANDO, FL 32808

Title: D () Delete
Name: LANE, LISA
Address: 301 CAPEN AVE
City-St-Zip: WINTER PARK, FL 32789

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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 J. HAMILTON

P

04/30/2005

Electronic Signature of Signing Officer or Director

Date