2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005319

Entity Name: A GOD SEND MINISTRIES, INC.

FILED Feb 06, 2008 Secretary of State

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Current P	rincipal Place	of Business:	New Principal Place	New Principal Place of Business:	
P. O. BOX 2668 ORANGE PARK, FL 32067			613 CONSTITUTION DR ORANGE PARK, FL 32067		
Current N	lailing Addres	ss:	New Mailing Addres	New Mailing Address:	
P. O. BOX 2668 ORANGE PARK, FL 32067			613 CONSTITUTION DR ORANGE PARK, FL 32067		
FEI Number	: 14-1137392	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of C	Current Registered Agent:	Name and Address of	of New Registered Agent:	
613 CONS	, PAMELA A STITUTION DR PARK, FL 320				
	e named entity e of Florida.	submits this statement for the	purpose of changing its registere	d office or registered agent, or both,	
SIGNATU	RE:				
	Electror	nic Signature of Registered Ag	ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	PCEO (RUSSELL, PAN 613 CONSTITU ORANGE PARI	ITION DR.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	TCOO (RUSSELL, DAN 613 CONSTITU ORANGE PARI	ITION DR.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	CFO (BAILEY, CYNTI 7809 MARSAL/ JACKSONVILL	A CT	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S (STEWART, HE 21523 RIO CAI SAN ANTONIO,	NAL	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	VP () Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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.

Name:

Address:

City-St-Zip:

SIGNATURE: PAR PCEO 02/06/2008

HERRON, MARVETTA R

12617 CEDAR POST LANE

CHARLOTTE, NC 28215 US

Name:

Address: City-St-Zip: