

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90057 030 \*\*\*\*61.25



**DOCUMENT # N02000008088**  
1. Entity Name:  
**GOD'S MASTERPIECES MISSIONARY BAPTIST CHURCH, INC.**

Principal Place of Business: **8056 CANYON LAKE CIR. ORLANDO FL 32835**  
Mailing Address: **8056 CANYON LAKE CIR. ORLANDO FL 32835**



MOORE CR2E037 (11/03)

2. Principal Place of Business: Suite, Apt. #, etc.  
3. Mailing Address: Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number: **56-2303112**  
Applied For:  Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**WOODARD, FRANK E  
8056 CANYON LAKE CIR.  
ORLANDO FL 32835**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

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 NAME: WOODARD, FRANK E STREET ADDRESS: 8056 CANYON LAKE CIR. CITY-ST-ZIP: ORLANDO FL 32835	<input type="checkbox"/> Delete
TITLE: VD NAME: BARTLEY, LEROY STREET ADDRESS: 46 S. NORMANDEALE AVE. CITY-ST-ZIP: ORLANDO FL 32835	<input type="checkbox"/> Delete
TITLE: SD NAME: WOODARD, NORA D STREET ADDRESS: 8056 CANYON LAKE CIR. CITY-ST-ZIP: ORLANDO FL 32835	<input type="checkbox"/> Delete
TITLE: TD NAME: WOODARD, FRANCHON STREET ADDRESS: 1651 CRESTLAWN AVE. CITY-ST-ZIP: ORLANDO FL 32805	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: *Frank E. Woodard, President* Date: **4/13/04** Daytime Phone #: **(407) 521-9480**