


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2005 08:00 AM
Secretary of State

DOCUMENT # N02000008088 1. Entity Name GOD'S MASTERPIECES MISSIONARY BAPTIST CHURCH, INC.	
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Principal Place of Business 8056 CANYON LAKE CIR. ORLANDO FL 32835	Mailing Address 8056 CANYON LAKE CIR. ORLANDO FL 32835
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1st MOORE CR2E037 (10/04)

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

4. FEI Number 56-2303112	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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
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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, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	PD WOODARD, FRANK E <input type="checkbox"/> Delete
NAME	8056 CANYON LAKE CIR.
STREET ADDRESS	ORLANDO FL 32835
CITY-ST-ZIP	
TITLE	VD BARTLEY, LEROY <input type="checkbox"/> Delete
NAME	46 S. NORMAN DALE AVE.
STREET ADDRESS	ORLANDO FL 32835
CITY-ST-ZIP	
TITLE	SD WOODARD, NORA D <input type="checkbox"/> Delete
NAME	8056 CANYON LAKE CIR.
STREET ADDRESS	ORLANDO FL 32835
CITY-ST-ZIP	
TITLE	TD WOODARD, FRANCHON <input type="checkbox"/> Delete
NAME	1851 CRESTLAWN AVE.
STREET ADDRESS	ORLANDO FL 32805
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	U000000256926
STREET ADDRESS	03/09/05-80035-006 61.25
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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 3/6/05 407-521-9480

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #