

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90317 003 ****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**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/05)

City & State

City & State

4. FEI Number

56-2303112

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WOODARD, FRANK E
8056 CANYON LAKE CIR.
ORLANDO FL 32835**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD Delete
NAME WOODARD, FRANK E
STREET ADDRESS 8056 CANYON LAKE CIR.
CITY-ST-ZIP ORLANDO FL 32835

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD Delete
NAME BARTLEY, LEROY
STREET ADDRESS 46 S. NORMANDALE AVE.
CITY-ST-ZIP ORLANDO FL 32835

TITLE Change Addition
NAME **SHERMAN G. WOODARD**
STREET ADDRESS **1651 CRESTLAWN AVE.**
CITY-ST-ZIP **ORLANDO, FL 32805**

TITLE SD Delete
NAME WOODARD, NORA D
STREET ADDRESS 8056 CANYON LAKE CIR.
CITY-ST-ZIP ORLANDO FL 32835

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD Delete
NAME WOODARD, FRANCHON
STREET ADDRESS 1651 CRESTLAWN AVE.
CITY-ST-ZIP ORLANDO FL 32805

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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* *diator* *may 01 2006*