2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004
Secretary of State

DOCUMENT# N03000000222

Entity Name: SCIENCE AND GOD INCORPORATED

Current Principal Place of Business:

1479 SUNSET TRAIL
LABELLE, FL 33975 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 2036
LABELLE, FL 33975 US

New Mailing Address:

FEI Number: 14-1866436 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GOODWIN, S. ERIC
1520 HEMLOCK AVE
PUNTA GORDA, FL 33950 US

Name and Address of New Registered Agent:

GOODWIN, BRENDA L
1479 SUNSET TRAIL
PUNTA GORDA, FL 33950 US

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: BRENDA L GOODWIN 04/23/2004
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DIR ( ) Delete
Name: GOODWIN, BRENDA L
Address: 1479 SUNSET TRAIL
City-St-Zip: LABELLE, FL 33975 US

Title: DIR ( ) Delete
Name: GOODWIN, S. ERIC
Address: 1520 HEMLOCK AVE
City-St-Zip: PUNTA GORDA, FL 33950 US

Title: DIR ( ) Delete
Name: MORRIS, MARJORIE
Address: 26376 FEATHER SOUND DR
City-St-Zip: PUNTA GORDA, FL 33950 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DIR (X) Change ( ) Addition
Name: TURNER, JESSICA S
Address: 205 FOX MEADOW LANE
City-St-Zip: FAIRVIEW, NC 28730 US

Title: DIR (X) Change ( ) Addition
Name: MARROQUIN, CHRISTINE
Address: 1185 LILLIAN ST
City-St-Zip: LABELLE, FL 33935 US

Title: DIR ( ) Change (X) Addition
Name: HARRELL, LYNN
Address: 512 EDMUND ST
City-St-Zip: PUNTA GORDA, FL 33950 US

Title: DIR ( ) Change (X) Addition
Name: JONES, DEVON
Address: 512 EDMUND ST
City-St-Zip: PUNTA GORDA, FL 33950 US

Title: DIR ( ) Change (X) Addition
Name: CURRY, JADA
Address: 576 LYNNEDA DR
City-St-Zip: FORT MYERS, FL 33905 FL

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: BRENDA L. GOODWIN DIR 04/23/2004
Electronic Signature of Signing Officer or Director Date