

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90277 040 ****70.00

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DOCUMENT # N03000000222 1. Entity Name SCIENCE AND GOD INCORPORATED					
Principal Place of Business 1479 SUNSET TRAIL LABELLE, FL 33975 US			Mailing Address P. O. BOX 2036 LABELLE, FL 33975 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GOODWIN, BRENDA L 1479 SUNSET TRAIL PUNTA GORDA, FL 33950			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing.) DATE</small>					
Filing 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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DIR <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	GOODWIN, BRENDA L		NAME	ANN MAY HARRISON	
STREET ADDRESS	1479 SUNSET TRAIL		STREET ADDRESS	247 SE SANTA BARBARA PL	
CITY-ST-ZIP	LABELLE, FL 33975		CITY-ST-ZIP	CAPE CORAL FL 33990	
TITLE	DIR <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	TURNER, JESSICA S		NAME	KIM ROSE	
STREET ADDRESS	205 FOX MEADOW LANE		STREET ADDRESS	1520 HONOR COURT	
CITY-ST-ZIP	FAIRVIEW, NC 28730		CITY-ST-ZIP	LEHIGH ACRES FL 33971	
TITLE	DIR <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MARROQUIN, CHRISTINE		NAME	Allison SAVAGE	
STREET ADDRESS	1185 LILLIAN ST		STREET ADDRESS	1520 Honor Court	
CITY-ST-ZIP	LABELLE, FL 33935		CITY-ST-ZIP	LEHIGH ACRES, FL 33971	
TITLE	DIR <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HARRELL, LYNN		NAME	Judy McNELLY	
STREET ADDRESS	512 EDMUND ST		STREET ADDRESS	3396 8th AVE	
CITY-ST-ZIP	PUNTA GORDA, FL 33950		CITY-ST-ZIP	ST JAMES CITY, FL 33956	
TITLE	DIR <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JONES, DEVON		NAME		
STREET ADDRESS	512 EDMUND ST		STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA, FL 33950		CITY-ST-ZIP		
TITLE	DIR <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CURRY, JADA		NAME		
STREET ADDRESS	578 LYNEDA DR		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS, FL 33905		CITY-ST-ZIP		
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: <u>Brenda L Goodwin</u> Brenda L. Goodwin 4/20/05 239 218-4543 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					