

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005287

FILED
May 01, 2009
Secretary of State

Entity Name: GOD'S ELECT MINISTRIES, INC.

Current Principal Place of Business:

5203 ROBLE GROVE CT
TAMPA, FL 33617

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 9702
TAMPA, FL 33674

New Mailing Address:

FEI Number: 20-1054425 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

KIDD, VICKY L
5203 ROBLE GROVE CT
TAMPA, FL 33617 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KIDD, VICKY L
Address: 5203 ROBLE GROVE CT
City-St-Zip: TAMPA, FL 33617

Title: VD () Delete
Name: SINGLETARY, TERESA
Address: 8115 EL PORTAL DR
City-St-Zip: TAMPA, FL 33604

Title: D () Delete
Name: MACK, XANDRETHA
Address: 8115 EL PORTAL DR
City-St-Zip: TAMPA, FL 33604

Title: T () Delete
Name: CONNER, TAMMY
Address: 6816 WOODVILLE STREET #94
City-St-Zip: TAMPA, FL 33610

Title: S () Delete
Name: HOWARD, QIANA
Address: 5203 ROBLE GROVE CT
City-St-Zip: TAMPA, FL 33617

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: KIDD, VICKY L
Address: P O BOX 9702
City-St-Zip: TAMPA, FL 33674

Title: VD (X) Change () Addition
Name: SINGLETARY, TERESA
Address: P O BOX 292201
City-St-Zip: TAMPA, FL 33687

Title: D (X) Change () Addition
Name: MACK, XANDRETHA
Address: P O BOX 292201
City-St-Zip: TAMPA, FL 33687

Title: T (X) Change () Addition
Name: CONNER, TAMMY
Address: P O BOX 9702
City-St-Zip: TAMPA, FL 33674

Title: S (X) Change () Addition
Name: HOWARD, QIANA
Address: P O BOX 9702
City-St-Zip: TAMPA, FL 33674

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: VICKY L KIDD

PD

05/01/2009

Electronic Signature of Signing Officer or Director

Date