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

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Apr 04, 2005 8:00 am
Secretary of State
03-02-2005 90081 018 ****61.25

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1st MOORE CR2E037 (10/04)

DOCUMENT # N03000005933

1. Entity Name

GOD'S FAMILY WORSHIP CENTER, INC.

Principal Place of Business	Mailing Address
P.O. BOX 68 YULEE FL 32041-0068	P.O. BOX 68 YULEE FL 32041-0068

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

4. FEI Number 75-3123184 ☐ Applied For ☐ Not Applicable

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
COLTRANE, PRESTON 54259 PLANTATION ROAD CALLAHAN FL 32011	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25
Due By May 1, 2005

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	E BROOKER, CONNIE P.O. BOX 1153 YULEE FL 32041	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Boyette, Sandra Elder 5324 Kessie Dr. Jacksonville, FL 32218	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	E COOPER, JIM P.O. BOX 1085 YULEE FL 32041	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Preston Coltrane 54259 Plantation Rd Callahan, FL. 32011	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	E HARRISON, DONNA P.O. BOX 15145 FERNANDINA BEACH FL 32035	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	E LEE, TYSON 1234 PLUM DR W FERNANDINA BEACH FL 32034	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	E TILMAN, PAT 1315 HICKORY TERRACE FERNANDINA BEACH FL 32034	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	E POWELL, KEITH 17458 ELSINORE DR. JACKSONVILLE FL 32226	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Preston Coltrane PRESTON COLTRANE Feb. 28, 2005 (904) 879-1913
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #