

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006787

FILED
Apr 19, 2006
Secretary of State

Entity Name: GOD'S SHARE PROGRAM, INC.

Current Principal Place of Business:

21632 SR 54
LOT 118
LUTZ, FL 33549

New Principal Place of Business:

7751 AVOCET DRIVE
WESLEY CHAPEL, FL 33544

Current Mailing Address:

21632 SR 54
LOT 118
LUTZ, FL 33549

New Mailing Address:

7751 AVOCET DRIVE
WESLEY CHAPEL, FL 33544

FEI Number: 56-2387302

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILSON, KIM C
21632 SR 54
LOT 118
LUTZ, FL 33549 US

Name and Address of New Registered Agent:

WILSON, KIM C
7751 AVOCET DRIVE
WESLEY CHAPEL, FL 33544 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: KIM C. WILSON

04/19/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DIR () Delete
Name: WILSON, KIM C PRES.
Address: 21632 SR 54
City-St-Zip: LUTZ, FL 33549

Title: DIR () Delete
Name: MILES, SHARON L VP
Address: 404 N. CLINTON
City-St-Zip: DEFIANCE, OH 43512

Title: DIR () Delete
Name: WILSON, DAVID R ADVISOR
Address: 21632 SR 54
City-St-Zip: LUTZ, FL 33549

Title: DIR () Delete
Name: RUSSO, EDWARD J
Address: 27336 GOLDEN MEADOW DRIVE
City-St-Zip: WESLEY CHAPEL, FL 33544 US

Title: DIR () Delete
Name: BINGHAM, ROBIN D
Address: 7631 AVOCET DRIVE
City-St-Zip: WESLEY CHAPEL, FL 33543 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DIR (X) Change () Addition
Name: WILSON, KIM C PRES.
Address: 7751 AVOCET DRIVE
City-St-Zip: WESLEY CHAPEL, FL 33544 US

Title: DIR (X) Change () Addition
Name: MILES, SHARON L VP
Address: 404 N. CLINTON
City-St-Zip: DEFIANCE, OH 43512 US

Title: DIR (X) Change () Addition
Name: WILSON, DAVID R ADVISOR
Address: 7751 AVOCET DRIVE
City-St-Zip: WESLEY CHAPEL, FL 33544 US

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

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

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: KIM C. WILSON

PRES

04/19/2006

Electronic Signature of Signing Officer or Director

Date