

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006787

FILED  
Apr 21, 2009  
Secretary of State

Entity Name: GOD'S SHARE PROGRAM, INC.

## Current Principal Place of Business:

7751 AVOCET DRIVE  
WESLEY CHAPEL, FL 33544

## New Principal Place of Business:

## Current Mailing Address:

7751 AVOCET DRIVE  
WESLEY CHAPEL, FL 33544

## New Mailing Address:

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

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

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

Title: DIR ( ) Delete  
Name: CLEGG, SHERYL J  
Address: 27243 ELKWOOD CIRCLE  
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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

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

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

04/21/2009

Electronic Signature of Signing Officer or Director

Date