## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000009306

FILED Jan 03, 2005 Secretary of State

Entity Name: DOONIE AND DEB CHEVY, GOD'S MIRACLE CHARIOT, INC.

Current Principal Place of Business: New Principal Place of Business:

330 WILLOW ST, PO BOX 221 MAYO, FL 32066

Current Mailing Address: New Mailing Address:

330 WILLOW ST, PO BOX 221 MAYO, FL 32066

FEI Number: 51-0485904 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HAMILTON, JAMES UR.
330 WILLOW ST
MAYO, FL 32066 US
HAMILTON, JAMES W JR.
330 WILLOW ST
MAYO, FL 32066 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: JAMES W HAMILTON JR. 01/03/2005

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PD () Delete
 Title:
 PD (X) Change () Addition

 Name:
 HAMILTON, JAMES
 Name:
 HAMILTON, JAMES W JR.

 Address:
 330 WILLOW ST, PO BOX 221
 Address:
 330 WILLOW ST, PO BOX 221

 City-St-Zip:
 MAYO, FL 32066
 City-St-Zip:
 MAYO, FL 32066

 Name:
 HAMILTON, DEBRA
 Name:

 Address:
 330 WILLOW ST, PO BOX 221
 Address:

 City-St-Zip:
 MAYO, FL 32066
 City-St-Zip:

Title: SD () Delete Title: () Change () Addition

 Name:
 MIDDLETON, LASHONA
 Name:

 Address:
 PO BOX 161
 Address:

 City-St-Zip:
 MAYO, FL 32066
 City-St-Zip:

Title: TD () Delete Title: () Change () Addition

 Name:
 MIDDLETON, PAMELA
 Name:

 Address:
 PO BOX 15012
 Address:

 City-St-Zip:
 GAINESVILLE, FL 32604
 City-St-Zip:

Title: VD ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 DAVIS, MARIOLE
 Name:

 Address:
 PO BOX 369
 Address:

 City-St-Zip:
 FT WHITE, FL 32038
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JAMES W HAMILTON JR. PD 01/03/2005