

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90257 007 ****61.25

DOCUMENT # N03000009522

1. Entity Name
GOD IS GOOD MINISTRIES, INC.



Principal Place of Business
**11301 ORANGE BLOSSOM TRAIL
209
ORLANDO, FL 32837**

Mailing Address
**POST OFFICE BOX 453458
KISSIMMEE, FL 34745**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

04292008 Chg-NP CR2E037 (12/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
04-3774237

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

**BENITEZ, FRANCISCO
11301 ORANGE BLOSSOM TRAIL, #209
ORLANDO, FL 32837**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

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 **D** ☐ Delete
NAME **LOPEZ, WILFREDO**
STREET ADDRESS **658 REGENCY WAY**
CITY-ST-ZIP **KISSIMMEE, FL 34758**

TITLE **D** ☒ Change ☐ Addition
NAME **Lopez, Wilfredo**
STREET ADDRESS **1147 Huron Bay Circle**
CITY-ST-ZIP **Kissimmee, FL 34759**

TITLE **D** ☐ Delete
NAME **L, CLARA**
STREET ADDRESS **658 REGENCY WAY**
CITY-ST-ZIP **KISSIMMEE, FL 34758**

TITLE **D** ☒ Change ☐ Addition
NAME **Lopez, Clara**
STREET ADDRESS **1147 Huron Bay Circle**
CITY-ST-ZIP **Kissimmee, FL 34759**

TITLE **PD** ☐ Delete
NAME **BENITEZ, FRANCISCO**
STREET ADDRESS **2493 HYBRID DRIVE**
CITY-ST-ZIP **KISSIMMEE, FL 34758**

TITLE **PD** ☒ Change ☐ Addition
NAME **Benitez, Francisco**
STREET ADDRESS **622 Herald Ct.**
CITY-ST-ZIP **Kissimmee, FL 34758**

TITLE **VTD** ☐ Delete
NAME **BENITEZ, ANA**
STREET ADDRESS **2493 HYBRID DRIVE**
CITY-ST-ZIP **KISSIMMEE, FL 34758**

TITLE **VTD** ☒ Change ☐ Addition
NAME **Benitez, Ana L.**
STREET ADDRESS **622 Herald Ct.**
CITY-ST-ZIP **Kissimmee, FL 34758**

TITLE **D** ☐ Delete
NAME **SPARKMAN, LAVERNE**
STREET ADDRESS **658 REGENCY WAY**
CITY-ST-ZIP **KISSIMMEE, FL 34758**

TITLE **D** ☒ Change ☐ Addition
NAME **Sparkman, Laverne**
STREET ADDRESS **1147 Huron Bay Circle**
CITY-ST-ZIP **Kissimmee, FL 34759**

TITLE **S** ☐ Delete
NAME **ROSARIO, JESSICA**
STREET ADDRESS **1922 ISLAND CIRCLE #103**
CITY-ST-ZIP **KISSIMMEE, FL 34758**

TITLE **S** ☒ Change ☐ Addition
NAME **Rosario, Jessica**
STREET ADDRESS **622 Herald Ct.**
CITY-ST-ZIP **Kissimmee, FL 34758**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

Ana L. Benitez Ana L. Benitez

4/30/08

407 301-1705