2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2009
Secretary of State

DOCUMENT# N03000009522

Entity Name: GOD IS GOOD MINISTRIES, INC.

Current Principal Place of Business:

11301 ORANGE BLOSSOM TRAIL
209
ORLANDO, FL 32837

New Principal Place of Business:

11301 ORANGE BLOSSOM TRAIL
107A
ORLANDO, FL 32837

Current Mailing Address:

POST OFFICE BOX 453458
KISSIMMEE, FL 34745

New Mailing Address:

FEI Number: 04-3774237 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BENITEZ, FRANCISCO
11301 ORANGE BLOSSOM TRAIL, #209
ORLANDO, FL 32837 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:	D	( ) Delete
Name:	LOPEZ, WILFREDO	
Address:	1147 HURON BAY CIR	
City-St-Zip:	KISSIMMEE, FL 34759	
Title:	D	( ) Delete
Name:	LOPEZ, CLARA	
Address:	1147 HURON BAY CIR	
City-St-Zip:	KISSIMMEE, FL 34759	
Title:	PD	( ) Delete
Name:	BENITEZ, FRANCISCO	
Address:	622 HERALDO CT	
City-St-Zip:	KISSIMMEE, FL 34758	
Title:	VTD	( ) Delete
Name:	BENITEZ, ANA	
Address:	622 HERALDO CT	
City-St-Zip:	KISSIMMEE, FL 34758	
Title:	D	( ) Delete
Name:	SPARKMAN, LAVERNE	
Address:	1147 HURON BAY CIR	
City-St-Zip:	KISSIMMEE, FL 34759	
Title:	S	( ) Delete
Name:	ROSARIO, JESSICA	
Address:	622 HERALDO CT	
City-St-Zip:	KISSIMMEE, FL 34758	

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:	
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: ANA BENITERZ VTD 04/03/2009

Electronic Signature of Signing Officer or Director — Date