2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment wit

SIGNATURE

Aug 20, 2004 8:00 am Secretary of State DOCUMENT # N03000009794 1. Entity Name 08-20-2004 90004 044 ****70.00 AMERICA, BLESS GOD! INC. Principal Place of Business Mailing Address 4413 RICHMOND PARK CT. JACKSONVILLE FL 32224 4413 RICHMOND PARK: CT. JACKSONVILLE FL 32224 2. Principal Place of Business Mailing Address CR2E037 (4/04) MOORE Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MEISBURG, JOHN Street Address (P.O. Box Number is Not Acceptable) 4413 RICHMOND PARK CT. JACKSONVILLE FL 32224 Zip Code 8. The above named entity submy's 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 registe (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to П Due By September 8, 2004 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11 TITLE ☐ Delete TITLE Change ☐ Addition MEISBURG, JOHN NAME 4413 RICHMOND PARK CT. STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32224 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete DILE Change ☐ Addition MEISBURG, DENISE NAME 4413 RICHMOND PARK CT. STREET ADDRESS STREET ADDRESS JACKSONVILLE FL. 32224 CiTY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition _ MEISBURG, RACHEL NAME NAME 4413 RICHMOND PARK CT. STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32224 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify 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 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 of 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

other like empowered

FILED