

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

APPROVE
AND
FILED

06 APR 29 AM 9:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N04000011348

1. Entity Name

GOD'S DISCIPLES, INC.



Principal Place of Business

P.O. BOX 3222
TALLAHASSEE FL 32315

Mailing Address

P.O. BOX 3222
TALLAHASSEE FL 32315



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

47-0947873

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

GRAHAM, FRANCES
2504 JEFFERSON RD
TALLAHASSEE FL 32317

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

Frances Graham

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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 P ☐ Delete
NAME GRAHAM, FRANCES CEO
STREET ADDRESS P.O. BOX 3222
CITY- ST- ZIP TALLAHASSEE FL 32315

TITLE *CEO* ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE V ☐ Delete
NAME GRAHAM, JAMES
STREET ADDRESS P.O. BOX 3222
CITY- ST- ZIP TALLAHASSEE FL 32315

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE T ☐ Delete
NAME GRAHAM, ANNIE M
STREET ADDRESS P.O. BOX 3222
CITY- ST- ZIP TALLAHASSEE FL 32315

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE S ☐ Delete
NAME GRAHAM, CHRIS A
STREET ADDRESS P.O. BOX 3222
CITY- ST- ZIP TALLAHASSEE FL 32315

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE VC ☐ Delete
NAME CLEMONS, EDWIN O
STREET ADDRESS P.O. BOX 3222
CITY- ST- ZIP TALLAHASSEE FL 32315

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 11, if changed, or on an attachment with an address, with all other life empowered.

SIGNATURE:

James Graham

4/28/06