

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N04000011348

1. Entity Name
GOD'S DISCIPLES, INC.



FILED

07 MAY -1 AM 8:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 - No P.O. Box #

2508 Jefferson Rd.

3. Mailing Address

P.O. Box 3222

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tallahassee

City & State

Tallahassee, Florida

Zip

Country

Zip

Country

04242007

Chg-NP

CR2E037 (12/06)

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

GRAHAM, FRANCES
2504 JEFFERSON RD
TALLAHASSEE, FL 32317

7. Name and Address of New Registered Agent

Name Frances Graham-Clemons

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-Clemons

5/1/08

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, 2007

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

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

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

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

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

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

TITLE ☐ Delete
NAME Willie Baker
STREET ADDRESS P.O. Box 3222, Tall. Fla. 32315
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME Frances Graham-Clemons
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME 400101631584
STREET ADDRESS 05/07/07--01004--033 **61.25
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME MP5/2
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE (direct) ☒ Change ☐ Addition
NAME Willie Baker (Director)
STREET ADDRESS P.O. Box 3222
CITY-ST-ZIP Tallahassee, Fla. 32315

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:

Frances Graham-Clemons

Date

Daytime Phone #

5/1/07 850
877-3350