

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N04000011348

1. Entity Name  
GOD'S DISCIPLES, INC.



Principal Place of Business  
2508 JEFFERSON RD  
TALLAHASSEE, FL 32317

Mailing Address  
P.O. BOX 3222  
TALLAHASSEE, FL 32315

FILED

08 APR 28 AM 11:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04212008 Chg-NP CR2E037 (12/06)

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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-CLEMONS, 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) 2508 Jefferson Road  
City Tallahassee FL 32317

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

4/28/08

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, 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

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

TITLE D ☐ Delete  
NAME BAKER, WILLIE  
STREET ADDRESS P.O. BOX 3222  
CITY-ST-ZIP TALLAHASSEE, FL 32315

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☐ Addition  
NAME 500126225565  
STREET ADDRESS 04/28/08--01016--012 \*\*\$61.25  
CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition  
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 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

4/28/08

877-3350

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #