2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2005 8:00 am
Secretary of State
04-07-2005 90025 028 ****61.25

DOCUMENT # N04000011438

1. Entity Name
GOD'S MIRACLE MISSION OF LIVE OAK, INC.

Principal Place of Business	Mailing Address
1600 HELVENSTON STREET SE APT E2 LIVE OAK FL 32064	1600 HELVENSTON STREET SE APT E2 LIVE OAK FL 32064

1st MOORE CR2E037 (10/04)

2. Principal Place of Business	3. Mailing Address
819 Howard St. West	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Live Oak, Fl	City & State
Zip: 32064 Country: Suwanee	Zip Country

4. FEI Number: 73-1721152 ☐ 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
BLOW, GEORGE W III 106 WHUTE AVE SUITE C LIVE OAK FL 32064	Name: Clyde H. Ford Street Address (P.O. Box Number is Not Acceptable): 1600 Helvenston St. S.E. Apt. E-2 City: Live Oak FL Zip Code: 32064

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: CLYDE H. FORD (Pastor) DATE: 4/4/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25
Due By May 1, 2005

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D FORD, CLYDE H 1600 HELVENSTON STREET SE APT E2 LIVE OAK FL 32064	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HERRON, TERRY 18975 180TH STREET LIVE OAK FL 32060	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP John Maulden 1600 Helvenston Live Oak, Fl. 32064	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S KIRBY, LOUISE EVA STREET-BOX 214 LIVE OAK FL 32064	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T FIELDING, DALE 7451 169TH DR LIVE OAK FL 32060	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP Wendy Douglas 12596 72nd Terrace Live Oak, Fl 32060	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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 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: Clyde H. Ford CLYDE H. FORD 4/4/05 386-330-5332
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #