

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000000209

FILED  
Jan 19, 2007  
Secretary of State

Entity Name: GOD BLESS MINISTRIES, INC.

**Current Principal Place of Business:**

2216 BARBARA DRIVE  
CLEARWATER, FL 34764

**New Principal Place of Business:**

**Current Mailing Address:**

2216 BARBARA DRIVE  
CLEARWATER, FL 34764

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MCLAUGHLIN, JOHN  
2216 BARBARA DRIVE  
CLEARWATER, FL 34764 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: MCLAUGHLIN, JOHN  
Address: 2216 BARBARA DRIVE  
City-St-Zip: CLEARWATER, FL 34764

Title: DV ( ) Delete  
Name: MCLAUGHLIN, LAUREN  
Address: 2216 BARBARA DRIVE  
City-St-Zip: CLEARWATER, FL 34764

Title: DS ( ) Delete  
Name: ANDERSON, ELIZABETH  
Address: 532 W. 5TH STREET  
City-St-Zip: CONCORDIA, KS 66901

Title: DT ( ) Delete  
Name: ANDERSON, RAY  
Address: 532 W. 5TH STREET  
City-St-Zip: CONCORDIA, KS 66901

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN MCLAUGHLIN

DP

01/19/2007

Electronic Signature of Signing Officer or Director

Date