

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N05000001812

1. Entity Name

GOD N HEAVEN CHRISTIAN MINISTRY INC.



**FILED**  
**Aug 11, 2008 08:00 AM**  
**Secretary of State**



Principal Place of Business  
233 BURNETTE AVE  
FORT WALTON BEACH FL 32548

Mailing Address  
233 BURNETTE AVE  
FORT WALTON BEACH FL 32548

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  
34-1994794

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

KROHN, SHERRY L  
114 WOODBINE CIRCLE  
FORT WALTON BEACH FL 32548

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

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 September 3, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

P  
GRAVES, JOSEPH R  
233 BURNETTE AVE  
FORT WALTON BEACH FL 32548

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Change ☐ Addition

U00000957528  
08/11/08-80004-024 61.25

TITLE  
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STREET ADDRESS  
CITY - ST - ZIP

VP  
GRAVES, BARBARA  
233 BURNETTE AVE  
FORT WALTON BEACH FL 32548

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STREET ADDRESS  
CITY - ST - ZIP

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S  
KROHN, SHERRY L  
233 BURNETTE AVE  
FORT WALTON BEACH FL 32548

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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 *Joseph R Graves* JOSEPH R GRAVES 8/8/08 850-243-8712