2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010474

Address:

City-St-Zip:

9023 NW 38TH DRIVE

CORAL SPRINGS, FL 33065

Entity Name: GOD'S MARKETPLACE MINISTRIES INC.

FILED Sep 06, 2006 Secretary of State

Current Pr	incipal Place of Business:	New Principal Place of Business:	
1710 STONEHAVEN DRIVE #1710-3 BOYNTON BEACH, FL 33436		1710 STONEHAVEN DRIVE #1710-3 BOYNTON BEACH, FL 33436	
Current Mailing Address:		New Mailing Address:	
1710 STONEHAVEN DRIVE #1710-3 BOYNTON BEACH, FL 33436		1710 STONEHAVEN DRIVE #1710-3 BOYNTON BEACH, FL 33436	
FEI Number: In accordanc	FEI Number Applied For (X) FEI Num e with s. 607.193(2)(b), F.S., the corporation did not receive t	nber Not Appli he prior notice	
Name and Address of Current Registered Agent:		Name and Address of New Registered Agent:	
JAMES, COYLETTE 1710 STONEHAVEN DRIVE #1710-3 BOYNTON BEACH, FL 33436 US		JAMES, COYLETTE 1710 STONEHAVEN DRIVE #1710-3 BOYNTON BEACH, FL 33436 US	
The above in the State	named entity submits this statement for the purpose o of Florida.	of changing it	ts registered office or registered agent, or both,
SIGNATURE: COYLETTE Y. JAMES			09/06/2006
Electronic Signature of Registered Agent			Date
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	T () Delete JAMES, COYLETTE 1710 STONEHAVEN DRIVE #1710-3 BOYNTON BEACH, FL 33436	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	T () Delete ATKINSON, DEONTIA C 8837 SAN RAMON DRIVE LAS VEGAS, NV 89147	Title: Name: Address: City-St-Zip:	()Change ()Addition
Title: Name: Address: City-St-Zip:	T () Delete SPARKS, SIMONE J PO BOX 670474 CORAL SPRINGS, FL 33067	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	T () Delete JACKSON, SHAMELL 4158 INVERRARY DRIVE #505 FT LAUDERDALE, FL 33319	Title: Name: Address: City-St-Zip:	T (X) Change () Addition JACKSON, SHARNELL 4158 INVERRARY DRIVE #505 FT LAUDERDALE, FL 33319
Title: Name:	T () Delete CARSON, VONDA	Title: Name:	() Change () Addition

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.

Address:

City-St-Zip:

SIGNATURE: COYLETTE Y. JAMES T 09/06/2006