2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Apr 03, 2006 8:00 am Secretary of State DOCUMENT # N05000011239 1. Entity Name 04-03-2006 90404 037 ****66.25 WINTER HAVEN FAMILY OF GOD INC. Principal Place of Business Mailing Address 1962 5TH STREET 1962 5TH STREET SUITE #3 SUITE #3 WINTE HAVEN FL 33881 WINTE HAVEN FL 33881 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E037 (10/05) 4. FEI Number City & State City & State Applied For Not Applicable Zio Country Country \$8.75 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LAUTURE, JEAN S Street Address (P.O. Box Number is Not Acceptable) 1962 5TH STREET SUITE #3 WINTE HAVEN FL 33881 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) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2006 Added to Fees Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE Addition LAUTURE, JEAN S NAME NAME STREET ADDRESS 1962 5TH STREET #3 STREET ADDRESS WINTE HAVEN FL 33881 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition JOSEPH, RONY NAME NAME 221 VERZON CT STREET ADDRESS STREET ADDRESS ORLANDO FL 32839 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition NAME CORMIER, PIERRE C NAME STREET ADDRESS 221 VERZON CT STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32839 CITY-ST-ZIP ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental abort 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 to the empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapted, or on an attachment with all other like empowered.

03/07/06

address, with all other like empowered

if changed, or on an attachment

SIGNATURE:

FILED