## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000000897

Entity Name: GOD'S TABLE INC

FILED Mar 24, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 100 CHAPEL STREET FORT MYERS BEACH, FL 33931 **Current Mailing Address: New Mailing Address:** PO BOX 6595 FORT MYERS BEACH, FL 33932 FEI Number: 01-0825029 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PITTMAN, LARRY 6051 EXTERO BOULEVARD FORT MYERS BEACH, FL 33931 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change ( ) Addition STEFFEY, BARBARA STEFFEY, BARBARA Name: Name: 4745 ESTERO BLVD #503 Address: 4745 ESTERO BLVD #503 Address: City-St-Zip: FORT MYERS BEACH, FL 33931 City-St-Zip: FORT MYERS BEACH, FL 33931 Title: () Delete Title: () Change () Addition STEFFEY, MAX Name: Name: Address: 4745 ESTERO BLVD #503 Address: City-St-Zip: FORT MYERS BEACH, FL 33931 City-St-Zip: Title: () Delete Title: SEC ( ) Change (X) Addition CADY, JOAN Name: Name: Address: Address: 7841 BUCCANEER DRIVE City-St-Zip: City-St-Zip: FORT MYERS BEACH, FL 33931 Title: () Delete Title: DIR ( ) Change (X) Addition CADY, DONALD F Name: Name: 7841 BUCCANEER DRIVE Address: Address: City-St-Zip: City-St-Zip: FORT MYERS BEACH, FL 33931 Title: () Delete Title: ( ) Change (X) Addition BOOTH, JOY Name: Name: 434 ESTERO BLVD. Address: Address: City-St-Zip: City-St-Zip: FORT MYERS BEACH, FL 33931 Title: () Delete Title: ( ) Change (X) Addition BURR, JOYCE Name: Name: Address: Address: 19681 SUMMERLINE RD. C-353 FT. MYERS, FL 33908 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: DONALD F CADY DIR 03/24/2008