

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000000897

FILED
Apr 06, 2009
Secretary of State

Entity Name: GOD'S TABLE INC.

Current Principal Place of Business:

100 CHAPEL STREET
FORT MYERS BEACH, FL 33931

New Principal Place of Business:

Current Mailing Address:

PO BOX 6595
FORT MYERS BEACH, FL 33932

New Mailing Address:

FEI Number: 01-0825029

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PITTMAN, LARRY
6051 EXTERO BOULEVARD
#2
FORT MYERS BEACH, FL 33931 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: PST () Delete
Name: STEFFEY, BARBARA
Address: 4745 ESTERO BLVD #503
City-St-Zip: FORT MYERS BEACH, FL 33931

Title: VP () Delete
Name: STEFFEY, MAX
Address: 4745 ESTERO BLVD #503
City-St-Zip: FORT MYERS BEACH, FL 33931

Title: SEC () Delete
Name: CADY, JOAN
Address: 7841 BUCCANEER DRIVE
City-St-Zip: FORT MYERS BEACH, FL 33931

Title: DIR () Delete
Name: CADY, DONALD F
Address: 7841 BUCCANEER DRIVE
City-St-Zip: FORT MYERS BEACH, FL 33931

Title: DIR () Delete
Name: BOOTH, JOY
Address: 434 ESTERO BLVD.
City-St-Zip: FORT MYERS BEACH, FL 33931

Title: DIR (X) Delete
Name: BURR, JOYCE
Address: 19681 SUMMERLINE RD. C-353
City-St-Zip: FT. MYERS, FL 33908

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:

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 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

04/06/2009

Electronic Signature of Signing Officer or Director

Date