

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2007 8:00 am
Secretary of State

01-11-2007 90057 025 ****61.25

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1. Entity Name
GOD'S CARE IN TIMES OF CRISIS INCORPORATED



Principal Place of Business
6058 GULFPORT BLVD
ST PETERSBURG, FL 33707

Mailing Address
6058 GULFPORT BLVD
ST PETERSBURG, FL 33707

40001702



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite Apt # etc

Suite Apt # etc

01052007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
54-2196226

Applied For
Not Applicable

Zip

Country

Zip

Country

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

WHARRIE, ROBERT E
5503 38TH AVE N
ST PETERSBURG, FL 33710

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

Filing Fee is \$61.25
Due by May 1, 2007

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

TITLE PD
NAME ARMSTRONG, R. RICHARD ☐ Delete
STREET ADDRESS 756 RIVER BOAT CIR
CITY - ST - ZIP ORLANDO, FL 32828

TITLE VD
NAME EISSFELDT, ANNA E ☐ Delete
STREET ADDRESS 6058 GULFPORT BLVD
CITY - ST - ZIP ST PETERSBURG, FL 33707

TITLE SD
NAME WEISS, CAROLYN ☐ Delete
STREET ADDRESS 1819 DORMIEONE RD N
CITY - ST - ZIP ST PETERSBURG, FL 33710

TITLE TD
NAME EISSFELDT, RICHARD A ☐ Delete
STREET ADDRESS 6058 GULFPORT BLVD
CITY - ST - ZIP ST PETERSBURG, FL 33707

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jan 5 2007 727-347-7276