


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 08:00 AM
Secretary of State

DOCUMENT # N06000002727	
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
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DO NOT WRITE IN THIS SPACE



01182008 No Chg-NP CR2E037 (4/06)

4. FEI Number 54-2196226	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

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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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000730516 01/23/08-80037-012 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ARMSTRONG, R. RICHARD 756 RIVER BOAT CIR ORLANDO, FL 32828
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD EISSFELDT, ANNA E 6058 GULFPORT BLVD ST PETERSBURG, FL 33707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WEISS, CAROLYN 1819 DORMIEONE RD N ST PETERSBURG, FL 33710
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD EISSFELDT, RICHARD A 6058 GULFPORT BLVD ST PETERSBURG, FL 33707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Richard A. Eissfeldt Richard A. Eissfeldt Jan. 19, 2008 707-347-7076
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #