

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000006118

FILED
Jun 17, 2008
Secretary of State

Entity Name: GOD'S GOT FRIENDS, INC.

Current Principal Place of Business:

363 PENNSYLVANIA AVENUE
CRYSTAL BEACH, FL 34681

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 566
CRYSTAL BEACH, FL 34681

New Mailing Address:

FEI Number: 20-5101078 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MILNES, ARNIE
4341 LOUIS AVENUE
HOLIDAY, FL 34691 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: D () Delete
Name: MILNES, ARNIE
Address: POST OFFICE BOX 566
City-St-Zip: CRYSTAL BEACH, FL 34681

Title: D () Delete
Name: DENSMORE, SAMANTHA
Address: 2690 DREW STREET #502
City-St-Zip: CLEARWATER, FL 33759

Title: D () Delete
Name: JULIANI, DANIELLE
Address: 2690 DREW STREET #502
City-St-Zip: CLEARWATER, FL 33759

Title: D (X) Delete
Name: GUNNELL, BEN
Address: 9891 56TH STREET
City-St-Zip: PINELLAS PARK, FL 33782

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MILNES, MATT
Address: 1935 PLEASURE DR
City-St-Zip: HOIDAY, FL 34691

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: ARNIE MILNES

D

06/17/2008

Electronic Signature of Signing Officer or Director

Date