## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000006118

Entity Name: GOD'S GOT FRIENDS, INC.

FILED May 11, 2009 Secretary of State

| Current Principal Place of Business: | New Principal Place of Business: |
|--------------------------------------|----------------------------------|
|--------------------------------------|----------------------------------|

363 PENNSYLVANIA AVENUE 4341 LOUIS AVE CRYSTAL BEACH, FL 34681 HOLIDAY, FL 34689

Current Mailing Address: New Mailing Address:

POST OFFICE BOX 566 POST OFFICE BOX 1142 CRYSTAL BEACH, FL 34681 TARPON SPRINGS, FL 34688

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: Name and Address of New Registered Agent:

MILNES, ARNIE
4341 LOUIS AVENUE
HOLIDAY, FL 34691 US

MILNES, ARNIE
4341 LOUIS AVENUE
HOLIDAY, FL 34689 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: 05/11/2009

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: D (X) Change () Addition

 Name:
 MILNES, ARNIE
 Name:
 MILNES, ARNIE

 Address:
 POST OFFICE BOX 566
 Address:
 POST OFFICE BOX 1142

 City-St-Zip:
 CRYSTAL BEACH, FL 34681
 City-St-Zip:
 TARPON SPRINGS, FL 34688

Title: D () Delete Title: () Change () Addition

 Name:
 DENSMORE, SAMANTHA
 Name:

 Address:
 2690 DREW STREET #502
 Address:

 City-St-Zip:
 CLEARWATER, FL 33759
 City-St-Zip:

Title: D ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 MILNES, MATT
 Name:

 Address:
 1935 PLEASURE DR
 Address:

 City-St-Zip:
 HOIDAY, FL 34691
 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 CFO 05/11/2009