


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N06000011564 1. Entity Name WORKS FOR GOD'S DIVINE PURPOSES, INC.	
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FILED
Sep 15, 2008 08:00 AM
Secretary of State

Principal Place of Business 6254 CEMETARY AVENUE CYPRESS, FL 32432	Mailing Address 2754 POPLAR SPRINGS ROAD MARIANNA, FL 32446
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09112008 No Chg-NP CR2E037 (4/06)

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4. FEI Number 20-5865491	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**BROWN, CHARLENE K
 2754 POPLAR SPRINGS ROAD
 MARIANNA, FL 32446**

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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 September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

000000959720
 09/15/08-80004-001 61.25

10. OFFICERS AND DIRECTORS	
TITLE	D
NAME	MARTIN-BROWN, CHARLENE K
STREET ADDRESS	2754 POPLAR SPRINGS RD.
CITY-ST-ZIP	MARIANNA, FL 32446
TITLE	D
NAME	MERRITT, REUBEN JR.
STREET ADDRESS	2754 POPLAR SPRINGS RD.
CITY-ST-ZIP	MARIANNA, FL 32446
TITLE	D
NAME	BENBOW, DONNA J
STREET ADDRESS	2754 POPLAR SPRINGS RD.
CITY-ST-ZIP	MARIANNA, FL 32446
TITLE	D
NAME	MERRITT, GLINDA J
STREET ADDRESS	2754 POPLAR SPRINGS RD.
CITY-ST-ZIP	MARIANNA, FL 32446
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: Glinda J. Merritt 09/11/08 (850) 482-3916

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #