

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011564

FILED
Apr 16, 2009
Secretary of State

Entity Name: WORKS FOR GOD'S DIVINE PURPOSES, INC.

Current Principal Place of Business:

6254 CEMETARY AVENUE
CYPRESS, FL 32432

New Principal Place of Business:

Current Mailing Address:

2754 POPLAR SPRINGS ROAD
MARIANNA, FL 32446

New Mailing Address:

FEI Number: 20-5865491

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

MARTIN-BROWN, CHARLENE K
2754 POPLAR SPRINGS ROAD
MARIANNA, FL 32446 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: GLINDA J. MERRITT

04/16/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MARTIN-BROWN, CHARLENE K
Address: 2754 POPLAR SPRINGS RD.
City-St-Zip: MARIANNA, FL 32446

Title: D () Delete
Name: MERRITT, REUBEN JR.
Address: 2754 POPLAR SPRINGS RD.
City-St-Zip: MARIANNA, FL 32446

Title: D () Delete
Name: BENBOW, DONNA J
Address: 2754 POPLAR SPRINGS RD.
City-St-Zip: MARIANNA, FL 32446

Title: D () Delete
Name: MERRITT, GLINDA J
Address: 2754 POPLAR SPRINGS RD.
City-St-Zip: MARIANNA, FL 32446

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: D () Change (X) Addition
Name: MARTIN, ELLIS C III
Address: 2696 POPLAR SPRINGS RD
City-St-Zip: MARIANNA, FL 32446

Title: D () Change (X) Addition
Name: GAINES, IRMA J
Address: 2214 EAST 7TH STREET
City-St-Zip: PANAMA CITY, FL 32401

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: GLINDA J. MERRITT

D

04/16/2009

Electronic Signature of Signing Officer or Director

Date