

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 16, 2007 8:00 am**  
**Secretary of State**

07-09-2007 90048 004 \*\*\*\*61.25

<b>DOCUMENT # N06000012608</b> 1. Entity Name <b>GOD'S ETERNAL MIRACLES MINISTRIES, INC.</b>																																																																																																								
Principal Place of Business <b>809 OSCEOLA TRAIL CASSELBERRY, FL 32707</b>			Mailing Address <b>809 OSCEOLA TRAIL CASSELBERRY, FL 32707</b>																																																																																																					
2. Principal Place of Business - No P.O. Box #		3. Mailing Address																																																																																																						
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																						
City & State		City & State		4. FEI Number <b>APPLIED FOR</b> <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable																																																																																																				
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																																																																																																				
6. Name and Address of Current Registered Agent  <b>TIZZIO, ANTHONY 809 OSCEOLA TRAIL CASSELBERRY, FL 32707</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code																																																																																																				
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE</small>																																																																																																								
<b>Filing Fee is \$61.25 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>																																																																																																				
<b>Make check payable to Florida Department of State</b>																																																																																																								
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;">Delete <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> <tr> <td>TITLE</td> <td>PD TIZZIO, ANTHONY</td> <td>Delete <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">809 OSCEOLA TRAIL</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">CASSELBERRY, FL 32707</td> </tr> <tr> <td>TITLE</td> <td>SD HUDSON, KENNETH</td> <td>Delete <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">8023 ARCADIAN CT</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">MT. DORA, FL 32757</td> </tr> <tr> <td>TITLE</td> <td>D KRAMER, MICHAEL</td> <td>Delete <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">POST OFFICE BOX 181268</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">CASSELBERRY, FL 32718</td> </tr> <tr> <td>TITLE</td> <td>TD BERKO, JAMES</td> <td>Delete <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">1814 CROWLEY CIR</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">LONGWOOD, FL 32779</td> </tr> <tr> <td>TITLE</td> <td>D KREBBS, JOANNE</td> <td>Delete <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">1002 TAPROOT DRIVE</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">WINTER SPRINGS, FL 32707</td> </tr> <tr> <td>TITLE</td> <td></td> <td>Delete <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> </table> </div> <div style="width: 48%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> <tr> <td>TITLE</td> <td></td> <td>Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> <tr> <td>TITLE</td> <td></td> <td>Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> <tr> <td>TITLE</td> <td></td> <td>Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> </table> </div> </div>						TITLE	NAME	Delete <input type="checkbox"/>	STREET ADDRESS			CITY-ST-ZIP			TITLE	PD TIZZIO, ANTHONY	Delete <input type="checkbox"/>	STREET ADDRESS	809 OSCEOLA TRAIL		CITY-ST-ZIP	CASSELBERRY, FL 32707		TITLE	SD HUDSON, KENNETH	Delete <input type="checkbox"/>	STREET ADDRESS	8023 ARCADIAN CT		CITY-ST-ZIP	MT. DORA, FL 32757		TITLE	D KRAMER, MICHAEL	Delete <input type="checkbox"/>	STREET ADDRESS	POST OFFICE BOX 181268		CITY-ST-ZIP	CASSELBERRY, FL 32718		TITLE	TD BERKO, JAMES	Delete <input type="checkbox"/>	STREET ADDRESS	1814 CROWLEY CIR		CITY-ST-ZIP	LONGWOOD, FL 32779		TITLE	D KREBBS, JOANNE	Delete <input type="checkbox"/>	STREET ADDRESS	1002 TAPROOT DRIVE		CITY-ST-ZIP	WINTER SPRINGS, FL 32707		TITLE		Delete <input type="checkbox"/>	STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>	STREET ADDRESS			CITY-ST-ZIP			TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>	STREET ADDRESS			CITY-ST-ZIP			TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>	STREET ADDRESS			CITY-ST-ZIP			TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>	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.																																																																																																								
<b>SIGNATURE:</b> _____ <b>7/5/07</b> <b>807-332-0221</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																								

MICHAEL A. KRAMER, DIR

ARTHUR FORRER

5/15/07