

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012608

FILED  
May 14, 2009  
Secretary of State

**Entity Name:** GOD'S ETERNAL MIRACLES MINISTRIES, INC.

**Current Principal Place of Business:**

809 OSCEOLA TRAIL  
CASSELBERRY, FL 32707

**New Principal Place of Business:**

**Current Mailing Address:**

809 OSCEOLA TRAIL  
CASSELBERRY, FL 32707

**New Mailing Address:**

**FEI Number:** 26-1610666      **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:**

TIZZIO, ANTHONY  
809 OSCEOLA TRAIL  
CASSELBERRY, FL 32707      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: PD      ( ) Delete  
Name: TIZZIO, ANTHONY  
Address: 809 OSCEOLA TRAIL  
City-St-Zip: CASSELBERRY, FL 32707

Title: SD      ( ) Delete  
Name: HUDSON, KENNETH  
Address: 8023 ARCADIAN CT  
City-St-Zip: MT. DORA, FL 32757

Title: TD      ( ) Delete  
Name: BERKO, JAMES  
Address: 1814 CROWLEY CIR  
City-St-Zip: LONGWOOD, FL 32779

Title: D      ( ) Delete  
Name: KREBBS, JOANNE  
Address: 1002 TAPROOT DRIVE  
City-St-Zip: WINTER SPRINGS, FL 32707

**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:

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: ANTHONY TIZZIO

D

05/14/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date