


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90047 025 ****70.00

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1. Entity Name
GOD'S FAMILY ASSEMBLY MINISTRIES INC.



Principal Place of Business
 758 N. SCENIC HWY
 BABSON PARK, FL 33827

Mailing Address
 P.O. BOX 23
 BABSON PARK, FL 33827

2. Principal Place of Business - No P.O. Box #
1001
 Suite, Apt. #, etc.
S. Church Lte Blvd.
 City & State
Frostproof FL

3. Mailing Address
P.O. Box 777
 Suite, Apt. #, etc.
 City & State
Frostproof FL

4. FEI Number
02-0796664

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
COLLINS, WRYNE C
326 LUKE ST
FROSTPROOF, FL 33843

7. Name and Address of New Registered Agent

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 _____
 Signature, typed or printed name of registered agent; and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D	COLLINS, WRYNE C 326 LUKE ST FROSTPROOF, FL 33843	TITLE P	WRYNE C. COLLINS 326 Luke St Frostproof FL 33843
TITLE S	LIGHTSEY, JORSETH 111 W. F STREET FROSTPROOF, FL 33843	TITLE S	TANESA LIGHTSEY 111 W F Street Frostproof FL 33843
TITLE D	LIGHTSEY, JOHN 111 W. F STREET FROSTPROOF, FL 33843	TITLE	
TITLE T	COLLINS, SHERRIE 326 LUKE ST FROSTPROOF, FL 33843	TITLE	
TITLE D	KEEL, DENVILE RT 2 BOX 147 RUSSELVILLE, AL 35603	TITLE	
TITLE		TITLE	

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: Wrynn C. Collins WRYNE C. COLLINS 4/25/07 863-255-2548
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #