


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 12, 2008 8:00 am
Secretary of State

05-12-2008 90036 030 ****70.00

DOCUMENT # N06000012974			
1. Entity Name GOD'S FAMILY ASSEMBLY MINISTRIES INC.			
Principal Place of Business 1001 S. CLINCH LAKE BLVD FROSTPROOF FL 33843		Mailing Address PO BOX 777 FROSTPROOF FL 33843	
2. Principal Place of Business - No P.O. Box # <i>1001 S. Clinch Lake Blvd</i>		3. Mailing Address <i>P.O. Box 777</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Frostproof</i>		City & State	
Zip <i>33843</i>	Country <i>Polk</i>	Zip	Country
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	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and if applicable. (NOTE: Registered Agent signature is required when reinstating)</small>			



1st MOORE CR2E037 (10/07)

4. FEI Number **02-0796664** Applied For
 Not Applicable

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

FILE NOW FEE IS \$61.25 Due By May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLLINS, WRYNN C 326 LUKE ST FROSTPROOF FL 33843 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>President</i> <i>Wrynn C. Collins</i> <i>326 Luke St.</i> <i>Frostproof FL 33843</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LIGHTSEY, TERESA 111 W F STREET FROSTPROOF FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIGHTSEY, JOHN 111 W. F STREET FROSTPROOF FL 33843 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COLLINS, SHERRIE 326 LUKE ST FROSTPROOF FL 33843 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEEL, DENVILE RT 2 BOX 147 RUSSELVILLE AL 35603 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 empowerment.

SIGNATURE: *Wrynn C. Collins* *2/4/08* *868-255-2545*