

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000001516

FILED
May 13, 2008
Secretary of State

Entity Name: GOD MAKES HOUSECALLS, INC.

Current Principal Place of Business:

363 PAULUS COURT
BOCA RATON, FL 33486

New Principal Place of Business:

Current Mailing Address:

363 PAULUS COURT
BOCA RATON, FL 33486

New Mailing Address:

FEI Number: 20-8484710 **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:

Name and Address of New Registered Agent:

MORTENSEN, KAREN
363 PAULUS COURT
BOCA RATON, FL 33486 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MORTENSEN, KAREN
Address: 363 PAULUS COURT
City-St-Zip: BOCA RATON, FL 33486

Title: D () Delete
Name: HOLLINGSWORTH, RUDY REV.
Address: 450 HIDDEN VALLEY ROAD
City-St-Zip: TAYLORSVILLE, NC 28681

Title: D () Delete
Name: KENNEDY, BEN DR.
Address: 7565 ORCHARD BAY DRIVE
City-St-Zip: BOCA RATON, FL 33487

Title: D () Delete
Name: MORTENSEN, FRED REV
Address: 363 PAULUS COURT
City-St-Zip: BOCA RATON, FL 33486

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: KAREN MORTENSEN

PRES

05/13/2008

Electronic Signature of Signing Officer or Director

Date