2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2009
Secretary of State

DOCUMENT# N07000002632

Entity Name: GOD'S DREAM MINISTRIES, INC.

Current Principal Place of Business:

6256 SAND HILLS VILLAGE CIRCLE
LAKE WORTH, FL 33463

New Principal Place of Business:

Current Mailing Address:

6256 SAND HILLS VILLAGE CIRCLE
LAKE WORTH, FL 33463

New Mailing Address:

FEI Number: 65-1309928 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
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:

DEMARSICO, REJANE L
6256 SAND HILLS CIRCLE
LAKE WORTH, FL 33463 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:	P	( ) Delete
Name:	DEMARSICO, REJANE L	
Address:	6256 SAND HILLS VILLAGE CIRCLE	
City-St-Zip:	LAKE WORTH, FL 33463	
Title:	VP	( ) Delete
Name:	REECE, LYNN	
Address:	609 WILLOWHURST PLACE	
City-St-Zip:	LOUISVILLE, KY 40223	
Title:	A T	( ) Delete
Name:	POOLE, BAYLY	
Address:	731-2 NORTH EAST 12TH TERRACE	
City-St-Zip:	BOYNTON BEACH, FL 33435	
Title:	S	( ) Delete
Name:	HENDERSON, DEBORAH	
Address:	3320 SOUTH WEST 1ST STREET	
City-St-Zip:	DEERFIELD BEACH, FL 33442	
Title:	T	( ) Delete
Name:	MANCINI, CONNIE	
Address:	6553 NORTH WEST 33RD AVENUE	
City-St-Zip:	BOCA RATON, FL 33496	

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:	
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: REJANE DEMARSICO PRES 05/01/2009
Electronic Signature of Signing Officer or Director — Date