2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 18, 2009
Secretary of State

DOCUMENT# N07000008465

Entity Name: GOD MAN CHOSEN MINISTRIES INC. TO ALL NATIONS

Current Principal Place of Business:

19730 SW 12TH STREET
PEMBROKE PINES, FL 33029

New Principal Place of Business:

Current Mailing Address:

19730 SW 12TH STREET
PEMBROKE PINES, FL 33029

New Mailing Address:

FEI Number: 26-0822246 **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:

RICE, BILL
19730 SW 12TH STREET
PEMBROKE PINES, FL 33029 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:	RICE, BILL	
Address:	19730 SW 12TH STREET	
City-St-Zip:	PEMBROKE PINES, FL 33029	
Title:	D	( ) Delete
Name:	VALDES, TONY	
Address:	19730 SW 12TH STREET	
City-St-Zip:	PEMBROKE PINES, FL 33029	
Title:	D	( ) Delete
Name:	DELVALE, JOSE	
Address:	19730 SW 12TH STREET	
City-St-Zip:	PEMBROKE PINES, FL 33029	
Title:	D	( ) Delete
Name:	JONES, WILLIE J	
Address:	2261 NW 58TH STREET	
City-St-Zip:	MIAMI, FL 33142	
Title:	S	( ) Delete
Name:	DELVELLA, WANDA	
Address:	19730 SW 12TH STREET	
City-St-Zip:	PEMBROKE PINES, FL 33029	

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: BILL RICE P 06/18/2009

Electronic Signature of Signing Officer or Director — Date