

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90048 005 ****70.00

DOCUMENT # N22976

1. Entity Name

THE FAMILY OF GOD INC.



Principal Place of Business

924 N MAGNOLIA AVE
SUITE 250
ORLANDO FL 32803
US

Mailing Address

924 N MAGNOLIA AVE
SUITE 250
ORLANDO FL 32803
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2847199

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RICHARDS, JACK C
924 N MAGNOLIA AVE
STE250
ORLANDO FL 32803

Name

Street Address (P.O. Box Number is Not Acceptable)

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

C. Jack Richards

1/26/06

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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 PD
NAME MARX, DONALD W ☐ Delete
STREET ADDRESS 9008 SW 152ND STREET
CITY-ST-ZIP MIAMI FL 33157

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD
NAME FELDMAN, JUDY ☐ Delete
STREET ADDRESS 13085 ORTEGA LANE
CITY-ST-ZIP MIAMI FL 33157

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD
NAME LAUKS, BARBARA ☐ Delete
STREET ADDRESS 3115 HOPE STREET
CITY-ST-ZIP SEBRING FL 33875

TITLE ☒ Change ☐ Addition
NAME Laucks, Barbara
STREET ADDRESS
CITY-ST-ZIP

TITLE SD
NAME WHITE, DONALD ☐ Delete
STREET ADDRESS 2700 N A1A # 1205
CITY-ST-ZIP FORT PIERCE FL 34949

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP
NAME RICHARDS, C. JACK ☐ Delete
STREET ADDRESS 924 N MAGNOLIA AVE, SUITE 250
CITY-ST-ZIP ORLANDO FL 32803

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 empowered.

SIGNATURE:

C. Jack Richards

C. Jack Richards

1/26/06

407/835-7501