

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2007 8:00 am
Secretary of State

02-19-2007 90055 039 ****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**

40020236



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01282007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-2847199

Applied For
Not Applicable

Zip

Country

Zip

Country

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

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

| | | |
|-----------------|-------------------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> Delete |
| NAME | MARX, DONALD W | |
| STREET ADDRESS | 9008 SW 152ND STREET | |
| CITY - ST - ZIP | MIAMI, FL 33157 | |
| TITLE | TD | <input checked="" type="checkbox"/> Delete |
| NAME | FELDMAN, JUDY | |
| STREET ADDRESS | 13085 ORTEGA LANE | |
| CITY - ST - ZIP | MIAMI, FL 33157 | |
| TITLE | VD | <input checked="" type="checkbox"/> Delete |
| NAME | LAUCKS, BARBARA | |
| STREET ADDRESS | 3115 HOPE STREET | |
| CITY - ST - ZIP | SEBRING, FL 33875 | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | WHITE, DONALD | |
| STREET ADDRESS | 2700 N A1A # 1205 | |
| CITY - ST - ZIP | FORT PIERCE, FL 34949 | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | RICHARDS, C. JACK | |
| STREET ADDRESS | 924 N MAGNOLIA AVE, SUITE 250 | |
| CITY - ST - ZIP | ORLANDO, FL 32803 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|-----------------|----------------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Kim Wells | |
| STREET ADDRESS | 2601 - 54th Avenue S. | |
| CITY - ST - ZIP | St. Petersburg, FL 33712 | |
| TITLE | TD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Charlayne Thompkins | |
| STREET ADDRESS | 20001 NW 63rd Avenue | |
| CITY - ST - ZIP | Hialeah, FL 33015 | |
| TITLE | VD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Gary Brewer | |
| STREET ADDRESS | 1250 S. Denning Drive #112 | |
| CITY - ST - ZIP | Winter Park, FL 32789 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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 Chapter 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C. Jack Richards

Date

Daytime Phone #

1/31/07