NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

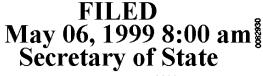
Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999

DOCUMENT # N9200000535

LET GO, LET GOD, INC.



05-06-1999 90229 041 ****61.25

Principal Place	e of Business	Mailing Address	·····		
3846 W BRO		3861 NW 5THS T		T TABITIAS BIA SENIO NOS ERSINOMENIS ABIS	in 48 ing 89 in g 91180 (11 18) 6 141 1 58 1
PLANTATION I		FT LAUDERDALE FL 33311			
US		US		I (Maisial Ala Inisu (2011 Adits unisi Ansii An	il 60)li 30ibi alian isias eili saai
		,			
2. District of D	lace of Business	2a. Mailing Address		Date Incorporated or Qualifed	
		— · · ·	-2 c 1 db	11/24/1992	ŀ
Suite, Apt.	eng Island	26 4200 N.W.	JOURT - PON	4. FEI Number	Applied For
22		27 120		65-0360371	Not Applicable
City & Stat	θ -	City & State		5. Certifcate of Status Desired	\$8.75 Additional
23 Fl. L	zud, Fl.	28 Plantation	y F1.	5. Certificate of Status Desired	Fee Required
Zip	Country	Zip	Country	6. Election Campaign Financing	\$5.00 May Be
24 33317	2 25 D. S. A.		0 US.A	Trust Fund Contribution	Added to Fees
	9. Name and Address of Current	Registered Agent	04 1	10. Name and Address of New Register	ed Agent
			81 Name	Ille Charbell	
CAMPBELL, EDDYE M				ress (P.Q. Box Number is Not Acceptable)	
3861 NW 5TH ST			4260	10.W13CF # 120	
ft laudi	ERDALE FL 33311		83		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
			84 City	. \.	85 Zip Code
			+		L 33317
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statutes of Florida, Such change was aut	 the above-named corp horized by the corporation 	poration submits this statement for the purpose on's board of directors. I hereby accept the ap	of changing its registered
agent. I a	m familiar with, and accept the obligati	ions of, Section 617.0503, Florid	la Statutes.	, ,	
SIGNATURE					
	Signature, typed or printed name of registered agent		egistered Agent signature require 13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
12.	OFFICERS AND	DELETE	1.1 TITLE	ADDITIONO/OTIVINGES TO STITISETIC	Change Addition
TILE :		□ ptct.c	1.2 NAME		
NAME	CAMPBELL, EDDYE M 3861 NW 5 ST.		1.3 STREET ADDRESS		İ
STREET ADDRESS	FT. LAUDERDALE FL 33311		1		
CITY-ST-ZIP	T T	☐ DELETE	1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE	MATURE TOOV	, , , , , , , , , , , , , , , , , , ,	22 NAME		
NAME	MATHIS, TROY 3764 NW 2ND ST				
STREET ADDRESS	FT. LAUDERDALE FL		2.3 STREET ADDRESS		
CITY-ST-ZIP	D D	☐ DELETE	2.4 CITY- ST-ZIP		Change Addition
TITLE	CHILDS, EVELYN		3.2 NAME		
NAME	2342 NW 28 ST.		3.3 STREET ADDRESS		
STREET ADDRESS	OAKLAND PARK FL 33311		3.4. CITY-ST-ZIP		
CITY-ST-ZIP	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	WALKER, MARILYN		4. 2 NAME		
STREET ADDRESS	FOR THE OALS AND DADY BLUD		4.3 STREET ADDRESS		
	FT LADUERDALE FL		4.4 CITY-ST-ZIP		
CITY-ST-ZIP	I I LOUVERDALL I L	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
]		5.4 CITY-ST-ZIP		j
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		

CITY-ST-ZIP I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: