2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001971

Entity Name: GOD'S REFLIGE MINISTRIES INC

FILED May 03, 2004 Secretary of State

		LE GGE WINNOTT (LEG, IIVG.			
Current P	rincipal Place	e of Business:	New Principal Place	New Principal Place of Business:	
1014 MLK SEFFNER	BLVD 2, FL 33584				
Current M	lailing Addres	ss:	New Mailing Address:		
PO BOX 3 BRANDOI	.732 N, FL 3350937	752			
FEI Number	: 59-3392715	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	l Address of (Current Registered Agent:	Name and Address o	f New Registered Agent:	
1923 SAW	, CHRISTINE /MILL ROAD N, FL 33511	US			
	named entity e of Florida.	submits this statement for the p	purpose of changing its registere	d office or registered agent, or both,	
SIGNATU	RE:				
	Electro	nic Signature of Registered Ag	ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	V (HOWARD, ZEN 3304 BALLAST TAMPA, FL 33	PT BLVD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	FS (REDOICK, TEF 819 SPICEWO LAKELAND, FL	OD DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (BOYETTE, TIM 1923 SAWMIL BRANDON, FL	L ROAD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (LIGHTSEY, DA 324 W WELLII LAKELAND, FL	NGTON DR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	D (REDDICK, WA) Delete LTER JR	Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

Address:

City-St-Zip:

SIGNATURE: TIMOTHY BOYETTE D 05/03/2004

1969 CRYSTAL GROVE DR APT #99

LAKELAND, FL 33801

Address: City-St-Zip: