FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED

Jun 28, 1999 8:00 am

Secretary of State

06-28-1999 90003 013 ****61.25

_ _ DEPARTMENT. OF STATE ___

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9600003409

1. Corporation Name

(GOD'S) BLESSED CREATIONS, INC.

SARASOTA FL

SIGNATURE:

Principal Place of Business Mailing Address										
4275 COQUINA CIR APT #C BRADENTON FL 34208		4275 COCUINA CIR APT #C BRADENTON FL 34208								
2 Principal Pl	ace of Rucinose	2a. Mailing Address				Date Incorporated or Qua	lifed	.		
2. Principal Place of Business 2a. Mailing Address 21 26 26						06/24/1996				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				4. FEI Number			Ar	plied For
22 27						65-0729733			No	t Applica
City & State City & State 23 28						5. Certifcate of Status Desir	ed 🗆	•	8.75 8. Fee Re	Additiona equired
Zip	Zip	Country			6. Election Campaign Finan	cina _		\$5.00	May Be	
24	Country Zip [25] [29]					Trust Fund Contribution			Added 1	•
Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent				
				81	Name					
MILLER, BRENDA D				82	Street Addre	t Address (P.O. Box Number is Not Acceptable)				
4275 COQUINA CIR				\perp						
APT #C				83						
BRADENT	ON FL 34208			84	City			FL	85 Zip (Code
11. Pursuant	to the provisions of Sections 617.0502	ove- by t	-named corporation	oration submits this statement fo	r the purp	ose of cha	inging its ent as re	registere gistered		
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.										
SIGNATURE			TE: Besietered	Agont	cianatura maviete	d when reinstating)		ATE		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re 12. OFFICERS AND DIRECTORS					algitatore required	ADDITIONS/CHANGES TO			DIRECTO	PRS IN 12
TITLE	D	DELETE	1.1 TIT	LE					Change	☐ Add
NAME	MILLER, BRENDA			1.2 NAME						
STREET ADDRESS				1.3 STREET ADDRESS						
CITY-ST-ZIP	BRADENTON FL		1,4 CFT	Y-ST	-ZIP					
TITLE	D DELETE		2.1 TIT	2,1 TITLE] Change	☐ Adc
NAME	GRIFFIN, JANET			2.2 NAME						
STREET ADDRESS	1512-19TH AVENUE WEST			2.3 STREET ADDRESS						
CITY-ST-ZIP	PALMETTO FL				-ZIP_				7.00	
TITLE	D 0.5. F	Chanlaia	3.1 TIT		\			L.] Change	Ado
NAME				3.2 NAME						
STREET ADDRESS 1275 CUNNINGHAM RD APT #1106				3.3 STREET ADDRESS						
UIT-SI-ZIP	MARIETTA GA	[] DELETE	3.4. CI		-ZIP			Г	Change	Add
TITLE	U			4.1 TITLE 4.2 NAME				_	,g-	
NAME	WASHINGTON, MIRANDA		1	4.2 NAME 4.3 STREET ADDRESS						
STREET ADDRESS				4.4 CITY-ST-ZIP						
City-ST-ZiP Title	MADISON FL			5.1 TITLE					Change	Add
NAME	D Lance, Tanya Lance, Tanya 4337 Levi Lane			5.2 NAME						
STREET ADDRESS	4589 N VALLEY PKWY Color	ed a Social Cala	5.3 ST	REET	ADDRESS					
CiTY-ST-ZIP	SMYRNA GA 30082	180 A 1100 180	725 5.4 CIT	ry-st	-ZIP					
TITLE	D DELETE		6.1 TIT	6.1 TITLE				Ε	Change	☐ Add
NAME	HAYGOOD, HARRIET	•	6.2 NA	ME						
STREET ADDRESS	6926-9TH COURT EAST		6.3 ST	REET	ADDRESS					

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling 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.