

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000580

FILED
Apr 16, 2007
Secretary of State

Entity Name: GIFTS FROM GOD OF SARASOTA, INC.

Current Principal Place of Business:

P.O. BOX 1300
OSPREY, FL 34229

New Principal Place of Business:

1768 10TH WAY
SARASOTA, FL 34236

Current Mailing Address:

P.O. BOX 1300
OSPREY, FL 34229

New Mailing Address:

FEI Number: 65-0742520 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BUTTERFIELD, MICHAEL
369 DOLPHIN SHORES CIR.
NOKOMIS, FL 34275 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: RIPO, GERALD
Address: 1234 LIME AVE
City-St-Zip: SARASOTA, FL 34237

Title: SD () Delete
Name: PERRY, RONALD
Address: 320 BAY VISTA AVE
City-St-Zip: OSPREY, FL 34229

Title: COBD () Delete
Name: SMITH, TED
Address: 3110 BISPHAM RD
City-St-Zip: SARASOTA, FL 34231

Title: PCEO () Delete
Name: BUTTERFIELD, MICHAEL
Address: 369 DOLPHIN SHORES CIR
City-St-Zip: NOKOMIS, FL 34275

Title: TD () Delete
Name: WATSON, MICHAEL
Address: 5786 TIMBER LAKE DR
City-St-Zip: SARASOTA, FL 34243

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: STD (X) Change () Addition
Name: RIPO, GERALD
Address: 1234 LIME AVE
City-St-Zip: SARASOTA, FL 34237

Title: D (X) Change () Addition
Name: LOONEY, CHARLES
Address: 6709 PROCTOR RD
City-St-Zip: SARASOTA, FL 34241

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: SHAFFER, KEN
Address: 3411 OAKWOOD BLVD N.
City-St-Zip: SARASOTA, FL 34237

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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.

SIGNATURE: MICHAEL D BUTTERFIELD

PCEO

04/16/2007

Electronic Signature of Signing Officer or Director

Date