

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 08, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N98000003436**

1. Entity Name  
**MINISTRIES OF GOD CHURCH, INC.**



Principal Place of Business  
**2949 NEW HOPE ROAD  
MOG LANE  
MARIANNA, FL 32448 US**

Mailing Address  
**P.O. BOX 897  
MARIANNA, FL 32447**



03072005 No Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-3459293**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**JOHNSON, KATHRYN  
3128 UNION HILL ROAD  
MARIANNA, FL 32446**

**DO NOT WRITE  
IN THIS SPACE**

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

*Kathryn Johnson*

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

*Kathryn Johnson*

(NOTE: Registered Agent signature required when reinstating)

*3-7-05*

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WOODEN, JEFFREY 2979 NEW HOPE RD MARIANNA, FL 32448
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD JOHNSON, CLEO 3128 UNION HILL RD MARIANNA, FL 32446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WOODEN, DEBRA 2979 NEW HOPE RD MARIANNA, FL 32448
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BELLAMY, PATRICIA 3087 GILMORE STREET MARIANNA, FL 32446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000255853  
03/08/05-80031-016 70.00

**DO NOT WRITE  
IN THIS SPACE**

12. 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 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:**

*Jeffrey J. Wooden*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3-7-05*

Date

*(950) 482-8977*

Daytime Phone #