

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 16, 2006 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



03132006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3459293

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$6.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

JOHNSON, KATHRYN
3128 UNION HILL ROAD
MARIANNA, FL 32446

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IN THIS SPACE**

6. 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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

Filing Fee is \$61.25
Due by May 1, 2006

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

UD00000470193
03/28/06-80004-016 70.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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
Jeffrey J. Wooden

3-13-06

(450)482-8977

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #