


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 05, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N98000003436</b> 1. Entity Name <b>MINISTRIES OF GOD CHURCH, INC.</b>	
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Principal Place of Business <b>2949 NEW HOPE ROAD MOG LANE MARIANNA, FL 32448 US</b>	Mailing Address <b>P.O. BOX 897 MARIANNA, FL 32447</b>
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**DO NOT WRITE IN THIS SPACE**



03022007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-3459293</b>	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent

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

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>U000000658044 03/15/07-80022-006 70.00</b>
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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	

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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** 3-2-07 850-482-8977  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #