


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90203 048 ****61.25

DOCUMENT # N98000003436 1. Entity Name MINISTRIES OF GOD INTERNATIONAL WORSHIP CENTER, INC.					
Principal Place of Business 2949 NEW HOPE ROAD MOG LANE MARIANNA, FL 32448 US			Mailing Address P.O. BOX 897 MARIANNA, FL 32447		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3459293	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
JOHNSON, KATHRYN 3128 UNION HILL ROAD MARIANNA, FL 32446			Name Debra Wooden Street Address (P.O. Box Number is Not Acceptable) 2947 New Hope Rd Marianna FL 32448		
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 <u>Debra Wooden</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WOODEN, JEFFREY 2979 NEW HOPE RD MARIANNA, FL 32448	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WOODEN, Debra 2947 New Hope Road Marianna, FL 32448	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD JOHNSON, CLEO 3128 UNION HILL RD MARIANNA, FL 32446	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WOODEN, DEBRA 2979 NEW HOPE RD MARIANNA, FL 32448	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Wooden, Jeffrey 2947 New Hope Rd Marianna, FL 32448	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BELLAMY, PATRICIA 3087 GILMORE STREET MARIANNA, FL 32446	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JONES, Elizabeth 3993 Cozy Lane Greenwood, FL 32443	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Bellamy, Patricia 3087 Gilmore St Marianna, FL 32446	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Debra Wooden</u>			Date <u>4/22/08</u> Daytime Phone # <u>(850) 482-3750</u>		

60035177



04222008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-3459293

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOHNSON, KATHRYN
3128 UNION HILL ROAD
MARIANNA, FL 32446

Name
Debra Wooden
Street Address (P.O. Box Number is Not Acceptable)
2947 New Hope Rd
Marianna FL 32448

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 Debra Wooden

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
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Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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CITY-ST-ZIP
PD
WOODEN, JEFFREY
2979 NEW HOPE RD
MARIANNA, FL 32448

☒ Delete

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Marianna, FL 32448

☒ Change ☐ Addition

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☐ Change ☐ Addition

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Marianna, FL 32448

☒ Change ☐ Addition

TITLE
NAME
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CITY-ST-ZIP
SD
JONES, Elizabeth
3993 Cozy Lane
Greenwood, FL 32443

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
Bellamy, Patricia
3087 Gilmore St
Marianna, FL 32446

☐ Change ☒ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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SIGNATURE: Debra Wooden

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4/22/08 Daytime Phone # (850) 482-3750