

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003436

FILED
Jun 29, 2009
Secretary of State

Entity Name: GOD'S D.A.R.E. INTERNATIONAL WORSHIP CENTER, INC.

Current Principal Place of Business:

2949 NEW HOPE ROAD
MOG LANE
MARIANNA, FL 32448 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 599
MARIANNA, FL 32447

New Mailing Address:

FEI Number: 59-3459293 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

WOODEN, DEBRA
2947 NEW HOPE RD.
MARIANNA, FL 32448 US

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: PD () Delete
Name: DEBRA, WOODEN
Address: 2947 NEW HOPE ROAD
City-St-Zip: MARIANNA, FL 32448

Title: CD () Delete
Name: JOHNSON, CLEO
Address: 3128 UNION HILL RD
City-St-Zip: MARIANNA, FL 32446

Title: SD () Delete
Name: ELIZABETH, JONES
Address: 3993 COZY LANE
City-St-Zip: GREENWOOD, FL 32443

Title: TD () Delete
Name: BELLAMY, PATRICIA
Address: 3087 GILLMORE ST.
City-St-Zip: MARIANNA, FL 32446

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: DEBRA WOODEN

PD

06/29/2009

Electronic Signature of Signing Officer or Director

Date