

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004360

FILED
Feb 10, 2009
Secretary of State

Entity Name: GOD'S STOREHOUSE MINISTRIES INC.

Current Principal Place of Business:

4141 N MIAMI AVE
B-150
MIAMI, FL 33161

New Principal Place of Business:

4141 N MIAMI AVE
B-150
MIAMI, FL 33137

Current Mailing Address:

12170 N E 5TH AVENUE
NO MIAMI, FL 33161

New Mailing Address:

FEI Number: 65-0857498 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MILLER, MAXINE
12170 N E 5TH AVENUE
NO MIAMI, FL 33161 US

Name and Address of New Registered Agent:

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: PDT () Delete
Name: MILLER, MAXINE
Address: 12170 NE 5TH AVENUE
City-St-Zip: NORTH MIAMI,, FL 33161

Title: VPD () Delete
Name: EMILY, MORLEY
Address: 4241 N W 172 DRIVE
City-St-Zip: OPA-LOCKA, FL 33055

Title: TSD () Delete
Name: WATSON, SHIRLEY
Address: 19135 NW 22 AVENUE
City-St-Zip: OPA LOCKA, FL 33056

Title: DT () Delete
Name: DELUA, AUGUSTIN
Address: 11 NW 45 STREET
City-St-Zip: MIAMI, FL 33127

Title: TS () Delete
Name: KATHERINE, JAMES
Address: 2961 N W 208 TER
City-St-Zip: MIAMI, FL 33056

Title: T () Delete
Name: KERLINE, WILSON
Address: 250 N W 13TH STREET # 202
City-St-Zip: MIAMI, FL 33136

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
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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: MAXINE MILLER

PDT

02/10/2009

Electronic Signature of Signing Officer or Director

Date