2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004360

FILED Feb 10, 2009 Secretary of State

Entity Name: GOD'S STOREHOUSE MINISTRIES INC.

Current P					
	rincipal Place	of Business:	New Principal Place	e of Business:	
4141 N MI	AMI AVE		4141 N MIAMI AVE		
B-150	00404		B-150		
MIAMI, FL	33161		MIAMI, FL 33137		
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
	5TH AVENUE FL 33161				
INO IVIIAIVII,	1 2 33101				
FEI Number:	65-0857498	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and	Address of C	Surrent Registered Agent:	Name and Address	of New Registered Agent:	
	5TH AVENUE	: US			
,					
	named entity s e of Florida.	submits this statement for the p	ourpose of changing its register	ed office or registered agent, or both,	
SIGNATUF	RE:				
	Electron	ic Signature of Registered Age	ent	Date	
OFFICERS	S AND DIREC	TORS:	ADDITIONS/CHANG	SES TO OFFICERS AND DIRECTOR	
Title:	PDT ()	Delete	Title:	() Change () Addition	
Name:	MILLER, MAXIN		Name:		
Address:	12170 NE 5TH		Address:		
	NORTH MIAMI	FL 33161	City-St-7in:		
oity-ot-zip.	NORTH MIAMI,,	FL 33161	City-St-Zip:		
City-St-Zip: Title:	VPD ()	Delete	Title:	() Change () Addition	
Γitle: Name:	VPD () EMILY, MORLE	Delete :Y	Title: Name:	() Change () Addition	
Title: Name: Address:	VPD () EMILY, MORLE 4241 N W 172 I	Delete :Y DRIVE	Title: Name: Address:	() Change() Addition	
Title: Vame: Address:	VPD () EMILY, MORLE	Delete :Y DRIVE	Title: Name:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VPD () EMILY, MORLE 4241 N W 172 I OPA-LOCKA, F	Delete :Y DRIVE	Title: Name: Address:	() Change () Addition () Change () Addition	
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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