


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91011 025 ****70.00

DOCUMENT # N99000002942	
1. Entity Name DEDICATE YOUR CHILD BACK TO GOD, INC.	

Principal Place of Business 4024 WATCH HILL RD. ORLANDO, FL 32808	Mailing Address 4024 WATCH HILL RD. ORLANDO, FL 32808
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94081177



2. Principal Place of Business 150 W. 10TH STREET Suite, Apt. #, etc.	3. Mailing Address 150 W. 10TH STREET Suite, Apt. #, etc.
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04282004 Chg-NP CR2E037 (10/03)

City & State APOPKA, FLORIDA	City & State APOPKA, FLORIDA
Zip 32703	Country ORANGE
Zip 32703	Country ORANGE

4. FEI Number 59-3641423	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent EADY, FAYBELLE F REV DR 4024 WATCH HILL RD. ORLANDO, FL 32808	
7. Name and Address of New Registered Agent Name EADY, FAYBELLE F. REV. DR. Street Address (P.O. Box Number is Not Acceptable) 150 W. 10TH STREET City APOPKA, FL Zip Code 32703	

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 *Faybelle F. Eady* **REV. DR. FAYBELLE F. EADY, REG. AGT. 4/29/04**
(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, 2004	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE VPD	NAME BEAMER, VIVIAN M REV	TITLE PD	NAME EADY, FAYBELLE F. REV. DR.
STREET ADDRESS 1219 S. LAKE AVE.	CITY-ST-ZIP APOPKA, FL 32703	STREET ADDRESS 150 W. 10TH STREET	CITY-ST-ZIP APOPKA, FLORIDA 32703
TITLE PD	NAME EADY, FAYBELLE F REV DR	TITLE PD	NAME EADY, FAYBELLE F. REV. DR.
STREET ADDRESS 4024 WATCH HILL RD.	CITY-ST-ZIP ORLANDO, FL 32808	STREET ADDRESS 150 W. 10TH STREET	CITY-ST-ZIP APOPKA, FLORIDA 32703
TITLE SD	NAME BULLARD, CONNIE REV	TITLE SD	NAME BULLARD, CONNIE REV
STREET ADDRESS 5040 N. LANE #43	CITY-ST-ZIP ORLANDO, FL 32808	STREET ADDRESS 5040 N. LANE #43	CITY-ST-ZIP ORLANDO, FL 32808
TITLE TD	NAME EADY, BENNY G REV	TITLE TD	NAME EADY, BENNY G. REV.
STREET ADDRESS 4024 WATCH HILL RD.	CITY-ST-ZIP ORLANDO, FL 32808	STREET ADDRESS 150 W. 10TH STREET	CITY-ST-ZIP APOPKA, FL 32703
TITLE SD	NAME SULLIVAN, TEVITT REV SR	TITLE SD	NAME SULLIVAN, TEVITT REV SR
STREET ADDRESS 5422 TEMBER CHASE CT.	CITY-ST-ZIP ORLANDO, FL 32811	STREET ADDRESS 5422 TEMBER CHASE CT.	CITY-ST-ZIP ORLANDO, FL 32811
TITLE TD	NAME BRADFORD, HEZEKIAH REV	TITLE TD	NAME BRADFORD, HEZEKIAH REV
STREET ADDRESS 21 W 13TH STREET	CITY-ST-ZIP APOPKA, FL 32703	STREET ADDRESS 21 W 13TH STREET	CITY-ST-ZIP APOPKA, FL 32703

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Faybelle F. Eady* **REV. DR. FAYBELLE F. EADY, PRES. 4/29/04 4078 4936**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #