


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 08:00 AM
Secretary of State

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

Principal Place of Business 150 W. 10TH STREET APOPKA, FL 32703	Mailing Address 150 W. 10TH STREET APOPKA, FL 32703
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04122005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3641423	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent EADY, FAYBELLE F REV DR 150 W. 10TH STREET APOPKA, FL 32703

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IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BEAMER, VIVIAN M REV 1219 S. LAKE AVE. APOPKA, FL 32703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EADY, FAYBELLE F REV DR 150 W. 10TH STREET APOPKA, FL 32703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BULLARD, CONNIE REV 5040 N. LANE #43 ORLANDO, FL 32808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD EADY, BENNY G REV 150 W. 10TH STREET APOPKA, FL 32703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SULLIVAN, TEVITT REV SR 5422 TEMBER CHASE CT. ORLANDO, FL 32811
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BRADFORD, HEZEKIAH REV 21 W 13TH STREET APOPKA, FL 32703

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05/05/05-80089-011 61.25

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IN THIS SPACE**

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: Eady, Faybelle F **4-29-05** **407 880 6006**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #