2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2009
Secretary of State

DOCUMENT# N99000002942

Entity Name: DEDICATE YOUR CHILD BACK TO GOD, INC.

Current Principal Place of Business:

150 W. 10TH STREET
APOPKA, FL 32703

New Principal Place of Business:

Current Mailing Address:

150 W. 10TH STREET
APOPKA, FL 32703

New Mailing Address:

FEI Number: 59-3641423 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

EADY, FAYBELLE F REV DR
150 W. 10TH STREET
APOPKA, FL 32703 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:	VPD	( ) Delete
Name:	BEAMER, VIVIAN M REV	
Address:	1219 S. LAKE AVE.	
City-St-Zip:	APOPKA, FL 32703	
Title:	PD	( ) Delete
Name:	EADY, FAYBELLE F REV DR	
Address:	150 W. 10TH STREET	
City-St-Zip:	APOPKA, FL 32703	
Title:	SD	( ) Delete
Name:	WILSON, MARY H REV	
Address:	5205 VIA ALIZAR DRIVE, APT. 92	
City-St-Zip:	ORLANDO, FL 32839	
Title:	TD	( ) Delete
Name:	FILMORE, AMY J DR	
Address:	750 THOMPSON AVE	
City-St-Zip:	MAITLAND, FL 32751	
Title:	SD	( ) Delete
Name:	SULLIVAN, TEVITT REV SR	
Address:	5422 TIMBER CHASE CT.	
City-St-Zip:	ORLANDO, FL 32811	
Title:	TD	( ) Delete
Name:	BRADFORD, HEZEKIAH REV	
Address:	573 SMOKEMONT COURT	
City-St-Zip:	APOPKA, FL 32712	

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:	
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: REV. DR. FAYBELLE F. EADY PD 04/20/2009

Electronic Signature of Signing Officer or Director — Date