

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005811

FILED
Jan 12, 2007
Secretary of State

Entity Name: GOD TODAY MINISTRIES, INC.

Current Principal Place of Business:

P.O. BOX 32668
PALM BEACH GARDENS, FL 334202668

New Principal Place of Business:

14368 BANDED RACCOON DRIVE
PALM BEACH GARDENS, FL 334188603

Current Mailing Address:

P.O. BOX 32668
PALM BEACH GARDENS, FL 334202668

New Mailing Address:

FEI Number: 65-0957026 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SUN, JOHN C
14368 BANDED RACCOON DRIVE
PALM BEACH GARDENS, FL 334188603 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: PTSD () Delete
Name: SUN, JOHN C
Address: P.O. BOX 32668
City-St-Zip: PALM BEACH GARDENS, FL 334202668

Title: VPSD () Delete
Name: SUN, AMBROCIA A
Address: P.O. BOX 32668
City-St-Zip: PALM BEACH GARDENS, FL 334202668

Title: D () Delete
Name: SUN, AMY H
Address: P.O. BOX 32668
City-St-Zip: PALM BEACH GARDENS, FL 334202668

Title: D () Delete
Name: CREWS, JAMES C
Address: P.O. BOX 32668
City-St-Zip: PALM BEACH GARDENS, FL 334202668

Title: D () Delete
Name: NORTH, JIM
Address: P.O. BOX 32668
City-St-Zip: PALM BEACH GARDENS, FL 334202668

Title: D () Delete
Name: JABLONSKI, WILLIAM
Address: P.O. BOX 32668
City-St-Zip: PALM BEACH GARDENS, FL 334202668

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTSD (X) Change () Addition
Name: SUN, JOHN C
Address: 14368 BANDED RACCOON DRIVE
City-St-Zip: PALM BEACH GARDENS, FL 334188603

Title: VPSD (X) Change () Addition
Name: SUN, AMBROCIA A
Address: 14368 BANDED RACCOON DRIVE
City-St-Zip: PALM BEACH GARDENS, FL 334188603

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 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: JOHN C SUN

PTSD

01/12/2007

Electronic Signature of Signing Officer or Director

Date