

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90017 016 ***150.00

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DOCUMENT # P01000048947

1. Entity Name

GOD WINS FARM, INC.



Principal Place of Business
9346 HWY 20 W FREEPORT FR
NICEVILLE FL 32578

Mailing Address
110 SUNSET COVE
NICEVILLE FL 32578

2. Principal Place of Business

9346 Hwy 20 W

3. Mailing Address

110 Sunset Cove

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Freeport FL

City & State

Niceville FL

Zip

32578

Country

USA

Zip

32578

Country

USA

4. FEI Number APPLIED FOR

59-3740591

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

HALL, STEVEN K
36468 EMERALD COAST PARKWAY SUITE 2101
DESTIN FL 32541

7. Name and Address of New Registered Agent

Name

same

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME HALL, SHERRY GRANT
STREET ADDRESS 36468 EMERALD COAST PARKWAY SUITE 2101
CITY-ST-ZIP DESTIN FL 32541

TITLE D ☐ Delete
NAME HALL, STEVEN K
STREET ADDRESS 36468 EMERALD COAST PARKWAY SUITE 2101
CITY-ST-ZIP DESTIN FL 32541

TITLE D ☒ Delete
NAME WEYRAUCH, SKIP
STREET ADDRESS 36468 EMERALD COAST PARKWAY SUITE 2101
CITY-ST-ZIP DESTIN FL 32541

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 607, 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:

SHERRY GRANT HALL

3-31-03

850-897-1233

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)