


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 28, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000036795 1. Entity Name A GIFT FROM GOD CHILD DEVELOPMENT CENTER INC.	
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Principal Place of Business 2104 CASSAT AVENUE JACKSONVILLE, FL 32210	Mailing Address 2104 CASSAT AVENUE JACKSONVILLE, FL 32210
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DO NOT WRITE IN THIS SPACE



04272007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-4829534	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HARVIN, SHEREE 6764 GRACE CIRCLE NORTH JACKSONVILLE, FL 32210	DO NOT WRITE IN THIS SPACE
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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: _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HARVIN, SHEREE 6764 GRACE CIRCLE NORTH JACKSONVILLE, FL 32210
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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  **8-20-07** **(904) 384-9644**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #