

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000002137

**Entity Name:** GOD WILL MINISTRIES, INC.**Current Principal Place of Business:**6475 NW 54TH LOOP  
OCALA, FL 34482**Current Mailing Address:**6475 NW 54TH LOOP  
OCALA, FL 34482**FEI Number:** 26-2668397**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CULVER, JONATHAN P  
2145 NE SECOND STREET  
OCALA, FL 34470 US*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**Officer/Director Detail :**

Title	PTD
Name	PASSARO, DONALD V
Address	6475 NW 54TH LOOP
City-State-Zip:	OCALA FL 34482

Title	VPD
Name	PASSARO, BETTY J
Address	6475 NW 54TH LOOP
City-State-Zip:	OCALA FL 34482

Title	D
Name	SHATZER, JOHN
Address	849 CARTIER DR
City-State-Zip:	CANAL FULTON OH 44614

Title	D
Name	SHATZER, H JEANNE
Address	849 CARTIER DR
City-State-Zip:	CANAL FULTON OH 44614

Title	D
Name	MARZULLO, FRANCIS X
Address	1300 WEYMOUTH DR
City-State-Zip:	DELAND FL 32724

*I hereby 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 all other like empowered.*

**SIGNATURE: DONALD V PASSARO****PRESIDENT****04/25/2014**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date