

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000004635

**Entity Name:** MOMS4GOD, INC.

**Current Principal Place of Business:**

10808 AIRVIEW DRIVE  
TAMPA, FL 33625

**FILED**  
**Apr 30, 2013**  
**Secretary of State**  
**CC6460642195**

**Current Mailing Address:**

10808 AIRVIEW DRIVE  
TAMPA, FL 33625

**FEI Number: 26-2460003**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

DORSEY, JANJI  
10808 AIRVIEW DRIVE  
TAMPA, FL 33625 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 PD  
Name DORSEY, JANJI  
Address 10808 AIRVIEW DRIVE  
City-State-Zip: TAMPA FL 33625

Title VPD  
Name GRANT, YVONNE  
Address 4212 KEZAR LANE  
City-State-Zip: TAMPA FL 33624

Title BM  
Name SAWYER, SHIRLEY  
Address 3410 WEST LAMBRIGHT STREET  
City-State-Zip: TAMPA FL 33614

Title BM  
Name SHACHAR, YIRMYAH  
Address 318 BLUFF LANE  
City-State-Zip: APOPKA FL 32712

Title SECRETARY  
Name JOHNSON, SONYA  
Address 10808 AIRVIEW DRIVE  
City-State-Zip: TAMPA FL 33625

*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: JANJI DORSEY**

**PRESIDENT**

**04/30/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date