

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002892

FILED  
Mar 01, 2011  
Secretary of State

**Entity Name:** GREATER WORKS MIRACLES AND DELIVERANCE CENTER, INC.

**Current Principal Place of Business:**

3986 WOODVILLE HWY  
TALLAHASSEE, FL 32305 US

**New Principal Place of Business:**

866 WEST GOLDEN STREET  
TALLAHASSEE, FL 32304 US

**Current Mailing Address:**

2141 AMANDA MAE COURT  
TALLAHASSEE, FL 32312 US

**New Mailing Address:**

**FEI Number:** 04-3719034      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

JOHNSON, KEITH  
2141 AMANDA MAE CT  
TALLAHASSEE, FL 32312 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: PCED  
Name: JOHNSON, KEITH  
Address: 2141 AMANDA MAE CT  
City-St-Zip: TALLAHASSEE, FL 32312 US

Title: VD  
Name: IVORY, ELNORA  
Address: 1605 WHITESBORO  
City-St-Zip: UTICA, NY 13502 US

Title: SD  
Name: EARNEST, DANA  
Address: 2505 FRITZ LANE  
City-St-Zip: TALLAHASSEE, FL 32304 US

Title: TD  
Name: CHAMBLISS, NEDRA  
Address: 3659 ESTATES ROAD  
City-St-Zip: TALLAHASSEE, FL 32305 US

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: DANA EARNEST

SD

03/01/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date