

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002230

FILED
Mar 14, 2005
Secretary of State

Entity Name: GREATER LOVE MISSIONARY BAPTIST CHURCH, INC.

Current Principal Place of Business:

18200 N.W. 22 AVE.
OPA LOCKA, FL 33056 US

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 693661
MIAMI, FL 33269 US

New Mailing Address:

FEI Number: 65-0828166

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RICHARDSON, DWAYNE A
4942 SW 167 AVENUE
MIRAMAR, FL 33027 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: D () Delete
Name: HIXSON, RICHARD
Address: 7450 N OAKMONT DRIVE
City-St-Zip: MIAMI, FL 33015

Title: D () Delete
Name: RICHARDSON, DWAYNE A
Address: 4942 SW 167 AVENUE
City-St-Zip: MIRMAR, FL 33027

Title: D () Delete
Name: JONES, LESTER A
Address: 2251 NW 192ND TERRACE
City-St-Zip: MIAMI GARDENS, FL 33056

Title: D () Delete
Name: MCARTHUR, CYRUS
Address: 19330 NW 4TH AVENUE
City-St-Zip: MIAMI, FL 33169

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BANKS, YOLANDA
Address: 11631 SW 2 STREET, #201
City-St-Zip: PEMBROKE PINES, FL 33025

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: DWAYNE A. RICHARDSON

D

03/14/2005

Electronic Signature of Signing Officer or Director

Date