

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000005654

**FILED**  
**Jun 08, 2015**  
**Secretary of State**  
**CC3778721364**

**Entity Name:** GREATER WORKSMINISTRY INSTITUTE INCORPORATED

**Current Principal Place of Business:**

3179 W ATLANTIC BLVD  
SUITE # 35  
POMPANO BEACH, FL 33069

**Current Mailing Address:**

3179 W ATLANTIC BLVD  
SUITE # 35  
POMPANO BEACH, FL 33069

**FEI Number:** 65-1037802

**Certificate of Status Desired:** No

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

MAXWELL, ANGELA LESANE  
7209 SPORTSMAN DRIVE  
NORTH LAUDERDALE, FL 33068 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:** ANGELA LESANE MAXWELL

06/08/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name LESANE, ANGELA  
Address 7209 SPORTSMAN DRIVE  
City-State-Zip: NORTH LAUDERDALE FL 33068

Title CORRESPONDING SECRETARY  
Name HUDSON, CYNTHIA  
Address 3179 W ATLANTIC BLVD # 35  
City-State-Zip: POMPANO BEACH FL 33069

Title VP  
Name DANIELS, ASHMERE  
Address 7209 SPORTSMAN DRIVE  
City-State-Zip: NORTH LAUDERDALE FL 33068

Title PASTOR  
Name MATHIS, FRAZIER  
Address 3465 PINEWALK DRIVE NORTH # APT 102  
City-State-Zip: MARGATE FL 33063

Title T  
Name SPANN, VANESSA  
Address 906 NW 24TH AVE  
City-State-Zip: FT LAUDERDALE FL 33311

Title DIRECTOR  
Name JACKSON, MALETTE  
Address 550 PURDY LANE APT B102  
City-State-Zip: PALM SPRING FL 33461

Title DIRECTOR  
Name BATTIE, MELISSA  
Address 309 SE 2ND AVENUE  
City-State-Zip: DEERFIELD BEACH FL 33441

*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:** ANGELA LESANE MAXWELL

**PRESIDENT**

06/08/2015

Electronic Signature of Signing Officer/Director Detail

Date