

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N18000006810

**Entity Name:** GREATER LIGHT MINISTRIES WORSHIP CENTER, INC.

**Current Principal Place of Business:**

580 NW LINCOLN AVENUE  
PORT SAINT LUCIE, FL 34983

**Current Mailing Address:**

P. O. BOX 8404  
DELRAY BEACH, FL 33482 US

**FEI Number: 83-0986816**

**Certificate of Status Desired: No**

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

ADDERLY, LARRY B  
580 NW LINCOLN AVENUE  
PORT SAINT LUCIE, FL 34983 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 P  
Name ADDERLY, LARRY  
Address 580 NW LINCOLN AVENUE  
City-State-Zip: PORT SAINT LUCIE FL 34983

Title VP  
Name ADDERLY, BEVERLY Q  
Address 580 NW LINCOLN AVENUE  
City-State-Zip: PORT SAINT LUCIE FL 34983

Title DIR, CFO  
Name GUY, ANTHONY  
Address 706 SW 2ND ST  
City-State-Zip: DELRAY BEACH FL 33444

Title TREA  
Name CLAY, VERTIS L  
Address 417 SW 8TH AVENUE  
City-State-Zip: DELRAY BEACH FL 33444

Title ASST. TREASURER  
Name BRAZIL, ELVIS  
Address 15210 SO. RIVER DRIVE  
City-State-Zip: MIAMI FL 33169

Title ASST. SECRETARY  
Name MOSES, TARA L  
Address 7141 PIGEON KEY WAY  
City-State-Zip: LAKE WORTH FL 33467

*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: LARRY ADDERLY**

**PRESIDENT**

**02/07/2022**

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

\_\_\_\_\_  
Date