

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 737772

1. Entity Name

**GREATER NEW LIGHT MISSIONARY BAPTIST CHURCH,
INC.**



Principal Place of Business

**4501 W. CONLEY STREET
ORLANDO FL 32805**

Mailing Address

**5133 LESCOT LANE
ORLANDO FL 32811**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

5. Name and Address of Current Registered Agent

**BUTLER, LULA M
5133 LESCOT LANE
ORLANDO FL 32811**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

U000000958840
09/03/08-80005-005 61.25

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By September 3, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **HARRIS, JAMES**
CITY-ST-ZIP **2103 PATTERSON AVE
ORLANDO FL 32811**

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **BUTLER, LULA M**
CITY-ST-ZIP **5133 LESCOT LANE
ORLANDO FL 32811**

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **BATTLE, MARY**
CITY-ST-ZIP **2894 RAVELLA STREET
ORLANDO FL 32811**

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **VEREEN, BRITTANI**
CITY-ST-ZIP **2603 DIANJO DRIVE
ORLANDO FL 32810**

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **WALKER, MAMIE**
CITY-ST-ZIP **4112 W. JEFFERSON STREET
ORLANDO FL 32805**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Lula Mae Butler* *LULA MAE BUTLER* *August 30/08* *ADJ/Agent*

FILED
Sep 03, 2008 08:00 AM
Secretary of State



2nd MOORE CR2E037 (4/08)

4. FEI Number **NO-T APPLICABLE** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required