


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 11, 2005 8:00 am**  
**Secretary of State**

07-11-2005 90122 023 \*\*\*\*61.25

<b>DOCUMENT # 755449</b> 1. Entity Name <b>THE GREATER FAITH TEMPLE CHURCH OF GOD IN CHRIST INCORPORATED, OF MELBOURNE, FLORIDA</b>					
Principal Place of Business <b>2701 LEONARD WEAVER BLVD. MELBOURNE, FL 32901</b>			Mailing Address <b>2701 LEONARD WEAVER BLVD MELBOURNE, FL 32901</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-6544145</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>WEAVER, LEONARD T SR 503 S. KENTUCKY AVE COCOA, FL 32922</b>			Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WEAVER, LEONARD SR	NAME	D LEVARTY, FRED		
STREET ADDRESS	503 S. KENTUCKY AVE	STREET ADDRESS	1215 GALLATIN AVE, NW		
CITY-ST-ZIP	COCOA, FL 32922	CITY-ST-ZIP	PALM BAY, FL 32907		
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WEAVER, CLEO	NAME			
STREET ADDRESS	503 S. KENTUCKY AVE	STREET ADDRESS			
CITY-ST-ZIP	COCOA, FL 32922	CITY-ST-ZIP			
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PRUITT, JESSIE	NAME			
STREET ADDRESS	809 JUNIPER LANE	STREET ADDRESS			
CITY-ST-ZIP	MELBOURNE, FL 32901	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	STALEY, SHEVIE	NAME			
STREET ADDRESS	1000 MARIPOSA DRIVE N.E.	STREET ADDRESS			
CITY-ST-ZIP	PALM BAY, FL 32905	CITY-ST-ZIP			
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CALLINS, LESSIE	NAME			
STREET ADDRESS	818 E CEDAR DR	STREET ADDRESS			
CITY-ST-ZIP	MELBOURNE, FL 32901	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JONES, LAWRENCE	NAME			
STREET ADDRESS	959 LOCUST AVENUE, NW	STREET ADDRESS			
CITY-ST-ZIP	PALM BAY, FL 32907	CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <u>Bishop L. T. Weaver, Jr.</u>		Date: <u>6/19/05</u>		Daytime Phone #: <u>321-768-9782</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					