2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # 768542 1. Entity Name THE GREATER EMMANUEL PENTECOSTAL CHURCH, INC.

FILED Apr 30, 2001 8:00 am Secretary of State 04-30-2001 90039 033 ****61.25

** CLARENCE GARY P.O. BOX 36 ** CHARENCE GARY C.A. BOX 36 ** CHARLES GARY C.A. BOX 36 ** CH	Principal Place	of Business	Mailing Address	· · · · · · · · · · · · · · · · · · ·					
Surptiment Sur	P.O. BOX 526		% CLARENCE GARY P.O. BOX 526	% CLARENCE GARY P.O. BOX 526					
City & State City & State City & State City & State Country Sp. Cent case of State Desired Sp. 75 Anctional Foot Requirement Sp. 75 Anctional	2. Principal Pl	ace of Business	3. Mailing Address						
Secondary Seco	Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.					
Secondary Seco									
S. Certificates of Status Despired Sec. 1, Name and Address of Current Registered Agent 7. Name and Address of Name Registered Agent Name and Address of Name Agent Name and Addr	City & State		City & State		4. FEI Number 59-2295821				
S. Name and Address of Current Registered Agent	Zip	Country	Zip	Country	5. Certificate o				
Street Address (P.O. Box Number is Not Address to		6. Name and Address of Cu	ırrent Registered Agent	I	7. Name and A			-	
## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS ### ADDITIONS/CHANGES TO OFFICERS AND				Name					
### Clay The purpose of changing its registered agent, or both, in the state of Florida. ### SIGNATURE Signature, year of printed when of registered agent and the flaus cade. PROFE Registered Agent Agratume recurses when recursing) DATE ### FILE NOW:	GARY, CLARENCE			Street Addre	Street Address (P.O. Box Number is Not Acceptable)				
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the state of Florida. SIGNATURE Signature, speed or printed more diregistered agent and life it sub cable. INTE: Registered Agent agratuate recursion where remaining DATE									
B. 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	WILDWOO	DD FL 34785		City		the n	T Zin Code	0	
SIGNATURE				Oity			Zip Code	ا ا	
Trust Fund Contribution:	SIGNATURE _		ed agent and title if app kable. (NOT	E: Registered Agent signature re	quired when reinstating)	DATE			
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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.

arence Gary 4-23-01 352-748-2969