

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768542

FILED
Apr 30, 2008
Secretary of State

Entity Name: THE GREATER EMMANUEL PENTECOSTAL CHURCH, INC.

Current Principal Place of Business:

5500 ROSS STREET
WILDWOOD, FL 347857526

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 526
WILDWOOD, FL 34785

New Mailing Address:

FEI Number: 59-2295821

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOODS, BARBARA G
490 S. ST. CLAIR STREET
POST BOX 526
WILDWOOD, FL 34785 US

Name and Address of New Registered Agent:

WOODS, BARBARA G
490 S. ST. CLAIR STREET
PO.. BOX 526
WILDWOOD, FL 34785 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: BARBARA G. WOODS

04/30/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T/S () Delete
Name: WOODS, BARBARA G
Address: P.O. BOX 526
City-St-Zip: WILDWOOD, FL 34785

Title: D () Delete
Name: WOODS, BARBARA G
Address: P.O. BOX 526
City-St-Zip: WILDWOOD, FL 34785

Title: PVP () Delete
Name: GARY, ROSA LEE
Address: P.O. BOX 526
City-St-Zip: WILDWOOD, FL 34785

Title: D () Delete
Name: GARY, ROSA LEE
Address: P.O. BOX 526
City-St-Zip: WILDWOOD, FL 34785

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: BARBARA G. WOODS

T/S

04/30/2008

Electronic Signature of Signing Officer or Director

Date