

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 20, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # 770893**

1. Entity Name  
**THE CHURCH OF THE GREATER MIRACLE  
SPIRITUALIST, INC.**



Principal Place of Business  
**675 CHERRY BARK DR N  
JACKSONVILLE, FL 32218**

Mailing Address  
**675 CHERRY BARK DR. N  
JACKSONVILLE, FL 32218**



01272006 No Chg-NP

CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2345834**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**HAZEL, GILLIS D  
675 CHERRY BARK DR. N  
JACKSONVILLE, FL 32218**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME BIGELOW, ERNEST  
STREET ADDRESS 1542 WINDHAVEN DR. EAST  
CITY-ST-ZIP JACKSONVILLE, FL

TITLE DTS  
NAME GILLIS, HAZEL  
STREET ADDRESS 675 CHERRY BARK DR. N  
CITY-ST-ZIP JACKSONVILLE, FL 32218

TITLE VD  
NAME MCDOWELL, ARLENE  
STREET ADDRESS 1237 STAFFORD ST  
CITY-ST-ZIP JACKSONVILLE, FL 32209

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000521225  
05/02/06-80127-007 61.25

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IN THIS SPACE**

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:** Hazel D. Gillis **Hazel D. Gillis, DTS** 4/17/06 (904) 714 0089  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #