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1995 APR 28 PM 4:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F94000002466 (0)**

1. Corporation Name
GREATER WORKS BY FAITH MINISTRIES, INC.

Principal Place of Business	Mailing Address
3936 S. SEMORAN BLVD. SUITE 352 ORLANDO FL 32822	3936 S. SEMORAN BLVD. SUITE 352 ORLANDO FL 32822

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/12/1994
3a. Date of Last Report:
4. FEI Number: 59-3212205 — Applied For / Not Applicable
5. Certificate of Status Desired: [X] **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: [ ] **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status: [ ] **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: [ ] Yes [X] No

2. Principal Place of Business	2a. Mailing Address
21 3615 Holston Way	26
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc
23 City & State: Orlando, FL	28 City & State
24 Zip: 32812 — 25 Country: Orange	29 Zip — 30 Country

9. Name and Address of Current Registered Agent

BROWN, CHERYL A
3936 S. SEMORAN BLVD.
SUITE 352
ORLANDO FL 32822

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 100001472431 -05/03/95--01023--005 ****138.75 ****138.75
84 City — FL — 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (Signature typed or printed name of registered agent and title if applicable) (Attach Registered Agent's resignation letter if applicable) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	Director ☐ Change ☐ Addition
NAME	BROWN, TERRELL L	12 NAME	Terrell L. Brown
STREET ADDRESS	3615 HOLSTON WAY	13 STREET ADDRESS	3615 Holston Way
CITY ST ZIP	ORLANDO FL 32812	14 CITY ST ZIP	Orlando, FL 32812
TITLE	VS	21 TITLE	Director ☐ Change ☐ Addition
NAME	BROWN, CHERYL A	22 NAME	Cheryl A. Brown
STREET ADDRESS	3615 HOLSTON WAY	23 STREET ADDRESS	3615 Holston Way
CITY ST ZIP	ORLANDO FL 32812	24 CITY ST ZIP	Orlando, FL 32812
TITLE	T	31 TITLE	Director ☐ Change ☐ Addition
NAME	BROWN, MARGIE B	32 NAME	Margie B. Brown
STREET ADDRESS	736 GLENSFORD DR.	33 STREET ADDRESS	3615 Holston Way
CITY ST ZIP	FAYETTEVILLE NC 28314	34 CITY ST ZIP	Orlando, FL 32812
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	DA ☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	4-28

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 above, or on an attachment with an address.

SIGNATURE: Cheryl A Brown — 3/28/95 — (407) 898-6824
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
CHERYL A. BROWN

0034506