

FILE NOW: FILING FEE IS \$61.25

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May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F94000002466 (0)**

1. Corporation Name

GREATER WORKS BY FAITH MINISTRIES, INC.



Principal Place of Business	Mailing Address
3615 HOLSTON WAY ORLANDO FL 32812 US	3615 HOLSTON WAY ORLANDO FL 32812-8402 US

3. Date Incorporated or Qualified 05/12/1994	3a. Date of Last Report 05/15/1996
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2. Principal Place of Business	2a. Mailing Address
21 3936 S. Semoran Blvd	26 3936 S. Semoran Blvd
22 Suite, Apt. #, etc. # 352	27 Suite, Apt. #, etc. # 352
23 City & State Orlando, FL	28 City & State Orlando, FL
24 Zip 32822	29 Country USA

4. FEI Number 59-3212205	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, TERRELL L	1.2 NAME	
STREET ADDRESS	3615 HOLSTON WAY	1.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL 32812	1.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, CHERYL A	2.2 NAME	
STREET ADDRESS	3615 HOLSTON WAY	2.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL 32812	2.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, MARGIE B	3.2 NAME	
STREET ADDRESS	3615 HOLSTON WAY	3.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL 32812	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: *Cheryl A. Brown*

5/1/97

407-898-6824

CR2E037 (9/96)