


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90225 019 ****61.25

DOCUMENT # N00000002085

1. Entity Name
THE GREATNESS OF THE LORD MISSION OF JESUS CHRIST, INC.



Principal Place of Business Mailing Address

**215 SW 2ND AVENUE
 DELRAY BEACH FL 33444** **215 SW 2ND AVENUE
 DELRAY BEACH FL 33444**

2. Principal Place of Business 3. Mailing Address

139 N.W. 5th ave Suite, Apt. #, etc.

City & State City & State

delray beach Florida City & State

Zip Country Zip Country

33444 **palm beach**



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134**

4. FEI Number Applied For

65-0995355 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THOMAS, VLADIMIR 215 SW 2ND AVENUE DELRAY BEACH FL 33444 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD JOSEPH, LIRENA 215 SW 2ND AVENUE DELRAY BEACH FL 33444 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOSEPH, ALFRED 215 SW 2ND AVENUE DELRAY BEACH FL 33444 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CALIXTE, NARCISSE 215 SW 2ND AVENUE DELRAY BEACH FL 33444 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ESTIME, FIMANE 215 SW 2ND AVENUE DELRAY BEACH FL 33444 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Joseph, Alfred 221, Ross drive Delray Bch Fl. 33445 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD Narcisse, Calixte 3406 Ave villandry Delray Bch Fl. 33445 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Thomas, Vladimir 215 Sw 2nd Ave Delray Bch Fl 33444 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Joseph, Lirena 215 Sw 6th Ave Apt 5 Delray Bch Fl. 33444 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Fimerlus, Jesumene 341, Se 3rd Ave Delray Bch Fl. 33444 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C Gasparol, Arold 5553 Baynton place Baynton Beach Fl. 33437 <input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I 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 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: Vladimir Thomas 04-19-04561272-6317

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #