## **2006 NOT-FOR-PROFIT CORPORATION**

## **FILED** Jan 12, 2006 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # N00000002085** 01-12-2006 90189 039 \*\*\*\*61.25 1. Entity Name

THE GREATNESS OF THE LORD MISSION OF JESUS CHRIST, INC.										
Principal Place of Business Mailing Address 139 NW 5TH AVE. 215 SW 2ND AVENUE DELRAY BEACH, FL 33444 DELRAY BEACH, FL 3344			3444				1 🖟 1		,	
2 Principal P	lace of Burringe	3 Mailing Address								
		3. Mailing Address SAME AS THE ABOVE				I LEBALIBI BILI	TOWN BUTTO THE NEW I	14114	RI <b>Balin</b> a Haran Citi	III II III
Suite, Apt. #, etc. N/A		Suite, Apt. #, etc. N/A				01092006	Chg-NP	CR2E03	7 (11/05)	
City & State N/A		City & State N/A				4. FEI Numbe 65-0995				plied For t Applicable
Zip	Country	Zip		intry		<del></del>	of Status Desired		\$8.75 Add	<del></del>
N/A	6. Name and Address of Current	N/A	N/A_		<u>l</u> -		Address of New	<u> U</u>	Fee Required	<u></u>
		registered Agent		Name		SAN		registered r	/gent	
	REV. OSIAS LOWE AVE		Street Address			<del></del>	r is Not Accepta	ble)	<del></del>	<del></del>
BOYNTON BEACH, FL 33436				<del></del>		· · · · · · · · · · · · · · · · · ·	··· · · · · · · · · · · · · · · · · ·		-	
•				City				FL	Zip Code	9
8. The above	named entity submits this statement fo	r the purpose of changing it	s register	ed office or r	registere	ed agent, or bot	h, in the State of	Florida. I am	famillar with,	and accept
the congat	ions of registered agent.									
	$A \cdot A \cdot$	· <i>n</i>								1
SIGNATURE	Signature, typed or printed name of registated agent	UWO and title if applicable. (NO	TE: Pegistere	ed Agent signature	re required v	when rehistating)	·	DATE		<del></del>
SIGNATURE	Signature, typed or privated name of registered agent. Filling Fee is \$81.25 Due by May 1, 2006	and title if applicable. (NO  9. Election Ca Trust Fund	mpaign F	Financing		\$5.00 May B		Make check		
10.	Filing Fee is \$81.25 Due by May 1, 2006 OFFICERS AND DIE	S. Election Ca Trust Fund  RECTORS	rnpaign F Contribut	Financing tion.	<b>X</b>	\$5.00 May B Added to Fees		Make check lorida Depar	tment of SI	tate
	Filing Fee is \$61.25 Due by May 1, 2006	9. Election Ca Trust Fund	mpaign F Contribut	Financing tion.	<b>⊠</b> A	\$5.00 May B Added to Fees ADDITIONS/CHA	ANGES TO OFFI	Make check lorida Depar	tment of Si	tate
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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:

NTED NAME OF SIGNING OFFICER OR DIRECTOR

01-09-2006

561-305-9637