

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 11, 2003 8:00 am**  
**Secretary of State**  
08-11-2003 90292 047 \*\*\*\*61.25

**DOCUMENT # N00000008545**

1. Entity Name  
**GREATER FAITH CENTER, INC.**



Principal Place of Business

**5055 BABCOCK ST NE #1-B  
PALM BAY FL 32905**

Mailing Address

**PO BOX 60277  
PALM BAY FL 32906**

2. Principal Place of Business

**475 S. John Rodes Blvd. P.O. Box 120998**

3. Mailing Address

**P.O. Box 120998**

Suite, Apt. #, etc.

**Bldg. 4**

Suite, Apt. #, etc.

**---**

City & State

**Melbourne, FL.**

City & State

**Melbourne, FL.**

Zip

**32904**

Country

**Brevard**

Zip

**32912**

Country

**Brevard**



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3691892**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**GREGORY, BRIAN J  
2647 BRADFORDT DRIVE  
WEST MELBOURNE FL 32904**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**8/1/03**

**FILE NOW: FEE IS \$61.25  
After September 10, 2003, min will be \$236.25**

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 **P** ☐ Delete  
NAME **GREGORY, BRIAN J**  
STREET ADDRESS **2647 BRADFORDT DRIVE**  
CITY-ST-ZIP **WEST MELBOURNE FL 32904**

TITLE **V** ☐ Delete  
NAME **GREGORY, JULIE A**  
STREET ADDRESS **2647 BRADFORDT DRIVE**  
CITY-ST-ZIP **WEST MELBOURNE FL 32904**

TITLE **S** ☐ Delete  
NAME **GREGORY, MARGARET J**  
STREET ADDRESS **100 PINE FOREST DRIVE**  
CITY-ST-ZIP **APOPKA FL 32712**

TITLE **DT** ☐ Delete  
NAME **GREGORY, JAMES A**  
STREET ADDRESS **100 PINE FOREST PLACE**  
CITY-ST-ZIP **APOPKA FL 32712**

TITLE **D** ☒ Delete  
NAME **BROWN, CLINT S**  
STREET ADDRESS **19063 OAKBROOK DRIVE**  
CITY-ST-ZIP **LONGWOOD FL 32779**

TITLE **D** ☒ Delete  
NAME **DOGGETT, HENRY G**  
STREET ADDRESS **2290 LAKE MARZON DRIVE**  
CITY-ST-ZIP **APOPKA FL 32712**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8/1/03**

Date

**722-0506**

Daytime Phone #

CR2E037 (4/03)