

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

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91832 039 \*\*\*\*61.25

**DOCUMENT # NO1000004494**

1. Entity Name

**GREATER FAITH MINISTRIES INC.**



Principal Place of Business

**1545 NE 153 TERR  
NORTH MIAMI BEACH FL 33162**

Mailing Address

**1545 NE 153 TERR  
NORTH MIAMI BEACH FL 33162**

2. Principal Place of Business

**982 NW 79 Street**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Miami, Florida**

City & State

Zip

Country

**USA**

Zip

Country

4. FEI Number **65-1120738**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**JONES, ISIAH JR  
1545 NE 153 TERR  
NORTH MIAMI BEACH FL 33162**

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

**FILE NOW: FEE IS \$61.25**

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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>JONES, ISIAH JR</b>	
STREET ADDRESS	<b>1545 NE 153 TERR</b>	
CITY-ST-ZIP	<b>NORTH MIAMI BEACH FL 33162</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>JONES, PAMELA</b>	
STREET ADDRESS	<b>1545 NE 153 TERR</b>	
CITY-ST-ZIP	<b>NORTH MIAMI BEACH FL 33162</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>PURNELL, CHANTE</b>	
STREET ADDRESS	<b>1545 NE 153 TERR</b>	
CITY-ST-ZIP	<b>NORTH MIAMI BEACH FL 33162</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>FOREMAN, VERA</b>	
STREET ADDRESS	<b>1289 WALKER RD</b>	
CITY-ST-ZIP	<b>DOVER DE 19904</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>JONES, ISIAH III</b>	
STREET ADDRESS	<b>1545 NE 153 TERR</b>	
CITY-ST-ZIP	<b>NORTH MIAMI BEACH FL 33162</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LITTLE, BRANDON</b>	
STREET ADDRESS	<b>1289 WALKER RD</b>	
CITY-ST-ZIP	<b>DOVER DE 19904</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

**ISIAH JR JONES JR** 4-14-03 (305)948-9689

CR2E037 (10/02)