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Jul 09, 2002 8:00 am
Secretary of State
05-07-2002 90263 006 ****61.25

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000005804

1. Entity Name

GREATER LIFE MINISTRIES MISSION POSSIBLE OUTREAC H, INC.

Principal Place of Business	Mailing Address
ST OFFICE BOX 120752 NT LAUDERDALE FL 33312-0013	POST OFFICE BOX 120752 FORT LAUDERDALE FL 33312-0013

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
POST OFFICE BOX 120752	P.O. BOX 12[illegible]
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: FORT LAUDERDALE, FL.	City & State: FORT LAUDERDALE FL.
Zip: 33312-0013 Country: BROWARD	Zip: 33312-0013 Country: BROWARD

4. FEI Number: 262-23-8748 ☑ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LEWIS, ANDREW
551 NW 35TH AVENUE
FORT LAUDERDALE FL 33311

7. Name and Address of New Registered Agent

Name: SHARLENE WALKER
Street Address (P.O. Box Number is Not Acceptable): 1761 NW 108 th ST.
City: Miami FL Zip Code: 33167

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.

SIGNATURE: ANDREW LEWIS 4-6-2002
(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 Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT ANDREW LEWIS 3701 NW 9th CT. FT. LAUDERDALE FL. 33311	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT ALVIN WALKER 1761 NW. 108th ST. Miami FLA. 33167	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY SHARON TUCKER 682 NE 132nd ST. NORTH MIAMI FL 33161	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY SHARLENE WALKER 1761 NW 108 ST. MIAMI, FL. 33167 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER BARBARA CONGLEY 521 NW. 39th AVE. Ft. LAUDERDALE FL. 33311	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1st COORDINATOR CARL TUCKER 682 N.E. 132nd ST. NORTH MIAMI FLA. 33161	☐ Delete T	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2nd COORDINATOR ANNETTE LEWIS 3701 NW 9th CT. FT. LAUDERDALE FL. 33311	☐ Delete T	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/01)

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 4-6-2002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #