# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Sep 08, 2004**
**Secretary of State**

DOCUMENT# N01000007493

**Entity Name:** GREATER HARVEST MINISTRIES OF QUINCY FLORIDA, INC.

**Current Principal Place of Business:**

405 S. SHELFER STREET
QUINCY, FL 32351

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 2145
QUINCY, FL 32353

**New Mailing Address:**

**FEI Number: 59-3750873** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

THOMAS, GERALD DR.
61 LILLIAN SPRINGS ROAD
QUINCY, FL 32351 US

**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

Title: DCEO ( ) Delete
Name: THOMAS, GERALD DR.
Address: 405 S. SHELFER STREET
City-St-Zip: QUINCY, FL 32351

Title: D ( ) Delete
Name: MCNEALY, JEFF
Address: 405 S. SHELFER STREET
City-St-Zip: QUINCY, FL 32351

Title: DS ( ) Delete
Name: MARTIN, BARBARA
Address: 405 S. SHELFER STREET
City-St-Zip: QUINCY, FL 32351

Title: DT ( ) Delete
Name: PENNYWELL, JESSE
Address: 405 S. SHELFER STREET
City-St-Zip: QUINCY, FL 32351

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA MARTIN SEC 09/08/2004

Electronic Signature of Signing Officer or Director — Date