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

T. Roberts MAY 02 2005

DOCUMENT # n01000007493

1. Entity Name

Greater Harvest Ministries of Quincy Fl

FILED

05 APR 28 PM 5:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
230 E. Crawford Street	PO Box 2145
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Quincy, Florida	Quincy, FL 32353
City & State	City & State
Zip 32351 Country Gadsden	Zip 32351 Country Gadsden

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3750873 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name Dr. Gerald Thomas

Street Address (P.O. Box Number is Not Acceptable)

250 S. Bellamy Street

City Quincy **FL** Zip Code 32351

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 Gerald A. Mo 4/28/05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25
Initial or Amended UBR

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 DCEO NAME Thomas, Gerald Dr. STREET ADDRESS 230 E. Crawford St. CITY-ST-ZIP Quincy FL 32351	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE D NAME McNealy, Jeff STREET ADDRESS 230 E. Crawford Street CITY-ST-ZIP Quincy FL 32351	TITLE NAME STREET ADDRESS CITY-ST-ZIP 800054204458 05/10/05--01039--027 **61.25
TITLE DS NAME Martin, Barbara STREET ADDRESS 230 E. Crawford Street CITY-ST-ZIP Quincy FL 32351	TITLE NAME STREET ADDRESS CITY-ST-ZIP **DO NOT WRITE**
TITLE DT NAME Pennywell, Jesse STREET ADDRESS 230 E. Crawford Street CITY-ST-ZIP Quincy, FL 32351	TITLE NAME STREET ADDRESS CITY-ST-ZIP **IN THIS SPACE**
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CR2E037B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Gerald A. Mo 4/28/05 487-1363 X274

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #