2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCU 1. Entity Nam						۲I	_ED					
GREATER HARVEST MINISTRIES OF QUINCY FLORIDA INC.					Α,				06 MAY -	1 AH 9: 12		
						CY OF STATE						
Principal Place of Business 230-E CRAWFORD STREET QUINCY, FL 32351 LHUDD W Main Street QUINCY, FL 32351								•	TALLAHAS	SEE, FL ORIDA		
Grean FC 29 38 3												
Principal Place of Business 3. Mailing Address												
Suite, Apt. #, etc.				Suite, Apt. #, etc.				1 05012006	Chg-NP	CR2E037 (4/0		
City & State			City & State					4. FEI Numb 59-375			Applied For Not Applicable	
Zip	Country		Zip			untry	5. Certificate of Status Desired \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent						Name	7. Name and Address of New Registered Agent Name					
THOMAS, GERALD DR. 250 & BELLAMY 8T UO > N Q T STOCK QUINCY, FL 32351							Street Address (P.O. Box Number is Not Acceptable)					
						City				FL Zip	Code	
									the in the Ptate of			
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.												
300075047383												
SIGNATURE Signature, typod or printed name of registered agent and tide if applicable. (NOTE: Registered Agent signature required when reinstating). On the control of the												
Filing Fee is \$61.25 Due by May 1, 2006 9. Election Campaign Financing Trust Fund Contribution.								\$5.00 May 8 Added to Fees	Se FI	Make check payab orida Department o		
10. OFFICERS AND DIRECTORS								ADDITIONS/CH	IANGES TO OFFIC	CERS AND DIRECTOR	S IN 10	
TITLE	DCEO Delete					E				Chai	nge 🔲 Addition	
NAME THOMAS, GERALD DR. STREET ADDRESS 220 E CRAWFORD ST						ae Eet address	ING	w eac	main 5	tree t	ı	
CITY-ST-ZIP	<u> </u>					/-ST-ZIP	Ò	retna	FL T	32352		
TITLE	D Delete					.E				□ efial	nge 🗌 Addition	
NAME STREET ADDRESS	MCNEALY, JEFF 239 E CRAWFORD ST					AE Eet address	مالالا	602 w. main Street				
CITY-ST-ZIP	QUINCY, FL 32351					/-ST-ZIP	Ġ.	anton		38353		
TITLE						.E			, –	Q cha	nge 🔲 Addition	
NAME STREET ADDRESS	· ·					ae Eet address	146	سج	main &	5tret		
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STREET ADDRESS CITY-ST-ZIP		AWFORD S T FL-3235 1			- 6	EET ADDRESS (-St-Zip				3>353		
TITLE D	Blac	k, Marc		☐ Detete	TITL					☐ Cha	nge Addition	
NAME STREET ADDRESS	1460	aw. Main	542	+	NAA	AE EET ADDRESS						
CITY-ST-ZIP						r-ST-ZIP						
TITLE				☐ Delete	TITL	.E				Cha	nge 🔲 Addition	
NAME					NAM							
STREET ADDRESS CITY-ST-ZIP						eet address (-st-zip						
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 attachmost with an address, with all other like empowered.												
indicated of the cor	l on this repor poration or the	rt or supplemental report he receiver or trustee emp	is true and a powered to	accurate and that re execute this report	as requ	iture shall h ired by Cha	ave the sapter 617	same legal effe , Florida Statuti	ct as if made unde es; and that my na	er oath; that I am an of ame appears in Block	licer or director 10 or Block 11 if	
indicated of the cor	on this reportion or the or on an atte	rt or supplemental report he receiver or trustee emp	is true and a powered to	accurate and that re execute this report	as requ	ature shall h ired by Cha	apter 617	same legal effer ', Florida Statute	ct as if made unde	ame appears in Block	icer or director 10 or Block 11 if	