

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005612

FILED
Feb 15, 2006
Secretary of State

Entity Name: GREATER LOVE, CHURCH OF GOD IN CHRIST, OF LAKE PLACID, INC.

Current Principal Place of Business:

143 VISION STREET (HIGHWAY PARK)
LAKE PLACID, FL 33852

New Principal Place of Business:

Current Mailing Address:

27 PALM CIRCLE
AVON PARK, FL 33825

New Mailing Address:

FEI Number: 65-0618971

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HULEN, JAMES L
25 PALM CIRCLE
AVON PARK, FL 33825 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: PD () Delete
Name: HULEN, JAMES L PASTOR
Address: 25 PALM CIRCLE
City-St-Zip: AVON PARK, FL 33825

Title: D (X) Delete
Name: SHULER, LOU-BERTHA MISSY.
Address: P.O. BOX 546
City-St-Zip: LAKE PLACID, FL 33852

Title: TD () Delete
Name: KEMP, DANIEL DEACON
Address: 100 FLORIDA DR.
City-St-Zip: LAKE PLACID, FL 33852

Title: FSD () Delete
Name: SMALLS, VIOLET MISSY.
Address: 142 ANDERSON STREET
City-St-Zip: LAKE PLACID, FL 33852

Title: D () Delete
Name: SHULER, CARETHA MOTHER
Address: 128 TAYLOR STREET
City-St-Zip: LAKE PLACID, FL 88352

Title: SD () Delete
Name: HULEN, ARNETTA G SISTER
Address: 25 PALM CIRCLE
City-St-Zip: AVON PARK, FL 33825

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
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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 Chapter 119, 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: JAMES L HULEN

PD

02/15/2006

Electronic Signature of Signing Officer or Director

Date