2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005612

FILED Apr 02, 2009 Secretary of State

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

Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
	N STREET (HIC ACID, FL 33852				
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
27 PALM AVON PA	CIRCLE .RK, FL 33825				
FEI Numbei	r: 65-0618971	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:	
The above	CIRCLE .RK, FL 33825	US submits this statement for the p	ourpose of changing its register	ed office or registered agent, or both,	
SIGNATU		ic Signature of Registered Age	ent	Date	
0551055	S AND DIREC				
UFFICER	S AIND DIKEC	IUKO.	ADDITIONS/CHANG	SES TO OFFICERS AND DIRECTORS	
OFFICER Title: Name: Address: City-St-Zip:		Delete L PASTOR .E	Title: Name: Address: City-St-Zip:	GES TO OFFICERS AND DIRECTORS () Change () Addition	
Title: Name: Address: City-St-Zip: Title: Name: Address:	PD () HULEN, JAMES 25 PALM CIRCL AVON PARK, FL	Delete L PASTOR LE L 33825 Delete DEACON DRIVE	Title: Name: Address:		
Title: Name: Address:	PD () HULEN, JAMES 25 PALM CIRCL AVON PARK, FL TD () KEMP, DANIEL 100 COCHRAN LAKE PLACID,	Delete L PASTOR LE L 33825 Delete DEACON DRIVE FL 33852 Delete ET MISSY. N STREET	Title: Name: Address: City-St-Zip: Title: Name: Address:	() Change () Addition	
Fitle: Name: Address: City-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle: Name: Address:	PD () HULEN, JAMES 25 PALM CIRCI AVON PARK, FL TD () KEMP, DANIEL 100 COCHRAN LAKE PLACID, I FSD () SMALLS, VIOLE 142 ANDERSON LAKE PLACID, I	Delete L PASTOR LE L 33825 Delete DEACON DRIVE FL 33852 Delete ET MISSY. N STREET FL 33852 Delete ETHA MOTHER IREET	Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	() Change () Addition () Change () Addition	

I hereby certify that the information supplied with this filing does not qualify 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 P/D 04/02/2009