



2004 NOT-FOR-PROFIT CORPORATION

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90075 040 ****61.25

DOCUMENT # N02000007417 1. Entity Name GREATER FAITH IN GOD MINISTRIES, INC.					
Principal Place of Business ROUTE 8 BOX 409-D LAKE JEFFREY HWY. 250 WEST LAKE CITY, FL 32055				Mailing Address ROUTE 8 BOX 409-D LAKE JEFFREY HWY. 250 WEST LAKE CITY, FL 32055	
2. Principal Place of Business 7917 NW Lake Jeffery Rd.		3. Mailing Address 7917 NW Lake Jeffery Rd.			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		01062004 Chg-NP CR2E037 (10/03)	
City & State Lake City, FL		City & State Lake City, FL		4. FEI Number 55-0802546	
Zip 32055		Zip 32055		Country US	
Country US		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent O'NEAL, TONYA VALLEY ESTATES, HIGHWAY 41 NORTH WHITE SPRINGS, FL 32096				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DOTSON, JEFFREY ROUTE 8 BOX 409-D LAKE CITY, FL 32055	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	7917 NW Lake Jeffery Rd Lake City, FL 32055	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DOTSON, JUDITH ROUTE 8 BOX 409-D LAKE CITY, FL 32055	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	7917 NW Lake Jeffery Rd Lake City, FL 32055	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD O'NEAL, TONYA P.O. BOX 177 WHITE SPRINGS, FL 32096	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD O'Neal, Tonya P.O. Box 177 White Springs, FL 32096	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Janice Gibson 7919 NW Lake Jeffery Rd Lake City, FL 32055	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Jeffery Dotson</u> Jeffery Dotson 1-12-03 1386) 752-0273 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					