

# 2004 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # N02000007417</b> 1. Entity Name <b>GREATER FAITH IN GOD MINISTRIES, INC.</b>			
Principal Place of Business <b>7917 NW LAKE JEFFREY RD LAKE CITY, FL 32055</b>		Mailing Address <b>7917 NW LAKE JEFFREY RD LAKE CITY, FL 32055</b>	
2. Principal Place of Business <b>1225 SW Grandview St.</b> Suite, Apt. #, etc.		3. Mailing Address <b>209 NW Sparr Rd.</b> Suite, Apt. #, etc.	
City & State <b>Lake City, FL</b> Zip <b>32025</b>		City & State <b>Lake City, FL</b> Zip <b>32055</b>	
4. FEI Number <b>55-0802546</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>O'NEAL, TONYA VALLEY ESTATES, HIGHWAY 41 NORTH WHITE SPRINGS, FL 32096</b>		7. Name and Address of New Registered Agent Name <b>Tonya O'Neal</b> Street Address (P.O. Box Number is Not Acceptable) <b>209 NW Sparr Road</b> City <b>Lake City</b> State <b>FL</b> Zip Code <b>32055</b>	
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>			
<b>Amended AR is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			
TITLE	PD NAME <b>DOTSON, JEFFREY</b> <input checked="" type="checkbox"/> Delete STREET ADDRESS <b>7917 NW LAKE JEFFREY RD</b> CITY-ST-ZIP <b>LAKE CITY, FL 32055</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	VD NAME <b>DOTSON, JUDITH</b> <input checked="" type="checkbox"/> Delete STREET ADDRESS <b>7917 NW LAKE JEFFREY RD</b> CITY-ST-ZIP <b>LAKE CITY, FL 32055</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	SD NAME <b>O'NEAL, TONYA</b> <input type="checkbox"/> Delete STREET ADDRESS <b>P.O. BOX 177</b> CITY-ST-ZIP <b>WHITE SPRINGS, FL 32098</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	TD NAME <b>GIBSON, JANICE</b> <input checked="" type="checkbox"/> Delete STREET ADDRESS <b>7917 NW LAKE JEFFREY RD</b> CITY-ST-ZIP <b>LAKE CITY, FL 32055</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD NAME <b>Tonya O'Neal</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS <b>209 NW Sparr Road</b> CITY-ST-ZIP <b>Lake City, FL 32055</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	VD NAME <b>Judy Thomas</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS <b>12044 155th Lane</b> CITY-ST-ZIP <b>Five Oak, FL 32060</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	SD NAME <b>Robert O'Neal</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS <b>209 NW Sparr Road</b> CITY-ST-ZIP <b>Lake City, FL 32055</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	TD NAME <b>Robert O'Neal</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS <b>209 NW Sparr Road</b> CITY-ST-ZIP <b>Lake City, FL 32055</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<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><b>Tonya B. O'Neal</b></u> <span style="float: right;">7/15/04 3863972446</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			

**FILED**

04 JUL 23 AM 11:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



06272004 Chg-NP CR2E037 (10/03)