## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## Apr 03, 2003 8:00 am Secretary of State DOCUMENT # N0200007417 03-19-2003 90119 030 \*\*\*\*61.25 1. Entity Name GREATER FAITH IN GOD MINISTRIES, INC. Principal Place of Business Mailing Address ROUTE 8 BOX 409-D ROUTE 8 BOX 409-D LAKE CITY FL 32055 LAKE CITY FL 32055 2. Principal Place of Business 3. Mailing Address Suite, Act. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent O'NEAL TONYA Street Address (P.O. Box Number is Not Acceptable) **VALLEY ESTATES, HIGHWAY 41 NORTH** WHITE SPRINGS FL 32096 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reins 9. Election Campaign Financing ~\$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. (10/02) TITI F ☐ Delete TITLE ☐ Change ☐ Addition DOTSON, JEFFREY NAME NAME STREET ADDRESS **ROUTE 8 BOX 409-D** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Lake City FL 32055 TITLE Delete TITLE ☐ Change ☐ Addition NAME DOTSON, JUDITH NAME STREET ADDRESS ROUTE 8 BOX 409-D STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKE CITY-FL 32055 TITLE Delete TITLE Change Addition O'NEAL, TONYA NAME NAME STREET ADDRESS P.O. BOX 177 STREET ADDRESS CITY-ST-7P WHITE SPRINGS FL 32098 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST. 7IP TITLE Delete TITLE ☐ Change Addition NAME NAME

FILED

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.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP