

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N03000002892

1. Entity Name
GREATER WORKS MIRACLES AND DELIVERANCE
CENTER, INC.



FILED

07 APR 24 PM 2:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01302007 No Chg-NP

CR2E037 (4/06) *AS*

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4. FEI Number
04-3719034

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, KEITH
2121 LAROCHELLE DRIVE *2141 Amanda Mae Court*
TALLAHASSEE, FL 32309
32312

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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 reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

400099187784
04/27/07--01030--012 **70.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PCED
JOHNSON, KEITH
2121 LAROCHELLE DRIVE *2141 Amanda Mae Court*
TALLAHASSEE, FL 32309 *32312*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
IVORY, ELMORA
1605 WHITESBORO
UTICA, NY 13502

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
EARNST, DANA
2505 FRITZ LANE
TALLAHASSEE, FL 32304

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
CHAMBLISS, NEDRA
3659 ESTATES ROAD
TALLAHASSEE, FL 32305

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Dana L. Earnst
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/07
Date

210-0200
Daytime Phone #