

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002892

FILED
Aug 25, 2009
Secretary of State

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

Current Principal Place of Business:

1477 CAPITAL CIRCLE NW
TALLAHASSEE, FL 32303 US

New Principal Place of Business:

2640 OLD BAINBRIDGE ROAD
TALLAHASSEE, FL 32303 US

Current Mailing Address:

1477 CAPITAL CIRCLE NW
TALLAHASSEE, FL 32303 US

New Mailing Address:

2141 AMANDA MAE COURT
TALLAHASSEE, FL 32312 US

FEI Number: 04-3719034 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

JOHNSON, KEITH
2141 AMANDA MAE CT
TALLAHASSEE, FL 32312 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PCED () Delete
Name: JOHNSON, KEITH
Address: 2141 AMANDA MAE CT
City-St-Zip: TALLAHASSEE, FL 32312 US

Title: VD () Delete
Name: IVORY, ELNORA
Address: 1605 WHITESBORO
City-St-Zip: UTICA, NY 13502 US

Title: SD () Delete
Name: EARNEST, DANA
Address: 2505 FRITZ LANE
City-St-Zip: TALLAHASSEE, FL 32304 US

Title: TD () Delete
Name: CHAMBLISS, NEDRA
Address: 3659 ESTATES ROAD
City-St-Zip: TALLAHASSEE, FL 32305 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DANA L. EARNEST

SD

08/25/2009

Electronic Signature of Signing Officer or Director

Date