

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


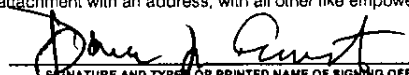
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10 SEP 17 PM 12:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



09162010 Chg-NP CR2E037 (11/08)

DOCUMENT # N03000002892			
1. Entity Name GREATER WORKS MIRACLES AND DELIVERANCE CENTER, INC.		Principal Place of Business 2640 OLD BAINBRIDGE ROAD TALLAHASSEE, FL 32303 US	
Mailing Address 2141 AMANDA MAE COURT TALLAHASSEE, FL 32312 US		2. Principal Place of Business - No P.O. Box # 3986 Woodville Hwy	
Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State Tall FL		City & State	
Zip 32305		Country	
4. FEI Number 04-3719034		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JOHNSON, KEITH 2141 AMANDA MAE CT TALLAHASSEE, FL 32312		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reconstituting)</small>			
Filing Fee is \$61.25 Due by September 24, 2010		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCED JOHNSON, KEITH 2141 AMANDA MAE CT TALLAHASSEE, FL 32312 <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	VD IVORY, ELNORA 1605 WHITESBORO UTICA, NY 13502 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400185592664 09/17/10--01005--025 ***61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD EARNST, DANA 2505 FRITZ LANE TALLAHASSEE, FL 32304 <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	TD CHAMBLISS, NEDRA 3659 ESTATES ROAD TALLAHASSEE, FL 32305 <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
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 BS 9/17/10
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: 		Date: 9/17/10 Daytime Phone #: 850 345 3708	