

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005118

FILED
Sep 03, 2005
Secretary of State

Entity Name: GREATER FAITH CHRISTIAN FELLOWSHIP, INC.

Current Principal Place of Business:

5253 VERNON ROAD
JACKSONVILLE, FL 32209 US

New Principal Place of Business:

Current Mailing Address:

5253 VERNON ROAD
JACKSONVILLE, FL 32209 US

New Mailing Address:

FEI Number: 59-3558746 **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:

BROCK,, BILLY G JR.
3550 NANCY STREET
JACKSONVILLE, FL 32209 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: P () Delete
Name: BROCK, BILLY G JR.
Address: 5253 VERNON ROAD
City-St-Zip: JACKSONVILLE, FL 32209 US

Title: VP () Delete
Name: BROCK, HARRIET T
Address: 5253 VERNON ROAD
City-St-Zip: JACKSONVILLE, FL 32209 US

Title: SEC () Delete
Name: BROCK, HARRIET T
Address: 5253 VERNON ROAD
City-St-Zip: JACKSONVILLE, FL 32209 US

Title: FS () Delete
Name: JOHNSON, GLORIA
Address: 5253 VERNON ROAD
City-St-Zip: JACKSONVILLE, FL 32209 US

Title: FS () Delete
Name: LUMPKIN, GERALD G
Address: 5253 VERNON ROAD
City-St-Zip: JACKSONVILLE, FL 32209 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:

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: HARRIET T. BROCK

VP

09/03/2005

Electronic Signature of Signing Officer or Director

Date