

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Sep 04, 2008
Secretary of State

DOCUMENT# N03000007016

Entity Name: GREATER FAITH AME CHURCH, INC.**Current Principal Place of Business:**1290 EAST NORMANDY BLVD.
SUITE 3
DELTONA, FL 32728**New Principal Place of Business:****Current Mailing Address:**1290 EAST NORMANDY BLVD. SUITE 3
POST OFFICE BOX 5006
DELTONA, FL 32728**New Mailing Address:****FEI Number:** **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SHINE, CAROLINE
2123 EAST GLORIA DRIVE
DELTONA, FL 32725 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:** PD () Delete
Name: SHINE, CAROLINE PASTOR
Address: 2123 EAST GLORIA DRIVE
City-St-Zip: DELTONA, FL 32725**Title:** VD () Delete
Name: MILLER, FANNIE STEWD
Address: 806 VALENCIA STREET
City-St-Zip: SANFORD, FL 32771**Title:** SEC () Delete
Name: TURNER, LATREACE SEC
Address: 5 SEVILLE ORANGE PATH
City-St-Zip: PALM COAST, FL**Title:** TVD () Delete
Name: MCDONALD, THURMAN STEWD
Address: 2840 STATEN DRIVE
City-St-Zip: DELTONA, FL 32164**Title:** VD () Delete
Name: BLACKMON, TANESHA S TRUSTEE
Address: 7171 OAK STREET
City-St-Zip: DELAND, FL 32724**Title:** VD () Delete
Name: WILLIAMS, LAWRENCE STEWD
Address: 460 KINGSWAY DRIVE
City-St-Zip: DELTONA, FL 32725**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:** VD (X) Change () Addition
Name: BROWN, BETTY TRUSTEE
Address: 633 LITTLE WEKIVA ROAD,
City-St-Zip: ALTAMONTE SPRINGS, FL 32714**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: CAROLINE SHINE

PD

09/04/2008

Electronic Signature of Signing Officer or Director

Date