

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007016

FILED  
Feb 27, 2010  
Secretary of State

**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:**

1290 EAST NORMANDY BLVD.  
SUITE 3  
DELTONA, FL 32725

**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  
Name: SHINE, CAROLINE PASTOR  
Address: 2123 EAST GLORIA DRIVE  
City-St-Zip: DELTONA, FL 32725

Title: VD  
Name: MILLER, FANNIE STEWD  
Address: 806 VALENCIA STREET  
City-St-Zip: SANFORD, FL 32771

Title: SEC  
Name: TURNER, LATREACE SEC  
Address: 5 SEVILLE ORANGE PATH  
City-St-Zip: PALM COAST, FL

Title: VD  
Name: BROWN, BETTY TRUSTEE  
Address: 633 LITTLE WEKIVA ROAD,  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: VD  
Name: BLACKMON, TANESHA S TRUSTEE  
Address: 7171 OAK STREET  
City-St-Zip: DELAND, FL 32724

Title: VD  
Name: WILLIAMS, LAWRENCE STEWD  
Address: 460 KINGSWAY DRIVE  
City-St-Zip: DELTONA, FL 32725

I hereby 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 all other like empowered.

SIGNATURE: CAROLINE D. SHINE

PD

02/27/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date