

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007635

FILED  
Jul 03, 2006  
Secretary of State

**Entity Name:** GREATER WORKS MINISTRIES INTERNATIONAL, INC.

**Current Principal Place of Business:**

15441 BAY VISTA DR  
CLERMONT, FL 34711

**New Principal Place of Business:**

**Current Mailing Address:**

15441 BAY VISTA DR  
CLERMONT, FL 34711

**New Mailing Address:**

**FEI Number:** 14-1894530      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
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:**

CHEKWA, CHARLES  
15441 BAY VISTA DR  
CLERMONT, FL 34711      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: DR      ( ) Delete  
Name: CHEKWA, CHARLES  
Address: 15441 BAY VISTA DR  
City-St-Zip: CLERMONT, FL 34711

Title: DR      ( ) Delete  
Name: ADIELE, CHIME DR  
Address: 1111 ROWANSHIRE CIRCLES  
City-St-Zip: MCDONOUGH, GA 30253 US

Title: D      ( ) Delete  
Name: SOYOOLA, EMMANUEL DR  
Address: 2858 CALUMET FARM LANE  
City-St-Zip: SNELLVILLE, GA 30039 US

Title: D      ( ) Delete  
Name: UMANA, JOSEPH DR  
Address: 21012 DELAKE AVE  
City-St-Zip: PORT CHARLOTTE, FL 33954

Title: D      ( ) Delete  
Name: CHEKWA, EUNICE  
Address: 15441 BAY VISTA DR  
City-St-Zip: CLERMONT, FL 34711

Title: DR      ( ) Delete  
Name: OKONKWO, LOUIS DR  
Address: 728 MIRADO LANE  
City-St-Zip: PORT CHARLOTTE, FL 33948

**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:

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 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: CHARLES CHEKWA

DR

07/03/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date