

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007635

FILED
Apr 08, 2008
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 ()

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: DR. (X) Change () Addition
Name: SOYOOLA, EMMANUEL DR
Address: 2858 CALUMET FARM LANE
City-St-Zip: SNELLVILLE, GA 30039 US

Title: DR. (X) Change () Addition
Name: UMANA, JOSEPH DR
Address: 21012 DELAKE AVE
City-St-Zip: PORT CHARLOTTE, FL 33954

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

Title: REV (X) Change () Addition
Name: LAWS, GOERGE
Address: 2010, SPIRIT LAKE RD
City-St-Zip: WINTER HAVEN, FL 33880

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: CHARLES CHEKWA, PRESIDENT

DR.

04/08/2008

Electronic Signature of Signing Officer or Director

Date