2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# N03000007635

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:	DR.	( ) Delete
Name:	SOYOOLA, EMMANUEL DR	
Address:	2858 CALUMET FARM LANE	
City-St-Zip:	SNELLVILLE, GA 30039 US	
Title:	DR.	( ) 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:	REV	( ) Delete
Name:	LAWS, GOERGE	
Address:	2010,SPIRIT LAKE RD	
City-St-Zip:	WINTER HAVEN, FL 33880	

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 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 04/29/2009

Electronic Signature of Signing Officer or Director — Date