2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

May 01, 2006 08:00 Al DOCUMENT # N03000010040 **Secretary of State** 1. Entity Name GREAT CROWD MINISTRIES, INC. Mailing Address Principal Place of Business 2200 NW 107TH STREET MIAMI FL 33167 2200 NW 107TH STREET MIAMI FL 33167 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (10/05) 1st MOORE Applied For City & State City & State 4. FEI Number 90-0118679 Not Applicable Ζip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WILLIAMS, LAURNA Street Address (P O Box Number is Not Acceptable) 7161 PEMBROKE ROAD #600 PEMBROKE PINES FL 33023 City Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE: Registured Agent signature required when reinstating) Signature typed or printed name of registered agent and title if applicable FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Due By May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. HILE Delete ин ☐ Change Addition JOHNSON, HEADLEY G NAME NAME 2200 NW 107TH STREET STREET ADDRESS STREET ADDRESS 05/13/06-80013-002 70.00 MIAMI FL 33167 City-St-ZiP CITY-ST-ZIP ☐ Change Addition Delete TITLE JOHNSON, CONSTANCE NAME 2200 NW 107TH STREET STREET ADDRESS STREET ADDRESS MIAMI FL 33167 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME JOHNSON, ROSALYN NAME STREET ADDRESS 8800 NW 32 CT. STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP **MIAMI FL 33147** Delete Change Addition TITLE SCOTT, LAWRENCE NAME 1737 NW 59 ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33142 CITY-ST-ZIP Change Addition ☐ Delete TITLE NARAF STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete THE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY ST. 789

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11

with an address, with all other like empowered.

if changed, or on an attachment

SIGNATURE:

FILED