

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N03000010040

1. Entity Name

GREAT CROWD MINISTRIES, INC.



FILED
Sep 09, 2008 08:00 AM
Secretary of State



Principal Place of Business
2200 NW 107TH STREET
MIAMI FL 33167

Mailing Address
2200 NW 107TH STREET
MIAMI FL 33167

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

2nd MOORE

CR2E037 (4/08)

4. FEI Number
90-0118679

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, LAURNA
7161 PEMBROKE ROAD #600
PEMBROKE PINES FL 33023

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 *William L. Williams*
Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when re-instating)

DATE

08-26-08

FILE NOW: FEE IS \$61.25
Due By September 3, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME JOHNSON, HEADLEY G
STREET ADDRESS 2200 NW 107TH STREET
CITY-ST-ZIP MIAMI FL 33167

TITLE VT ☐ Delete
NAME JOHNSON, CONSTANCE
STREET ADDRESS 2200 NW 107TH STREET
CITY-ST-ZIP MIAMI FL 33167

TITLE S ☐ Delete
NAME JOHNSON, ROSALYN
STREET ADDRESS 8800 NW 32 CT.
CITY-ST-ZIP MIAMI FL 33147

TITLE AS ☐ Delete
NAME SCOTT, LAWRENCE
STREET ADDRESS 1737 NW 59 ST.
CITY-ST-ZIP MIAMI FL 33142

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
U00000959251
09/09/08-80003-009 70.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

HEADLEY JOHNSON

08/25/08