## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N0400000542

FILED Jan 13, 2009 Secretary of State

Entity Name: GREATER WORKS MINISTRIES OF WINTER HAVEN, INC.

**Current Principal Place of Business: New Principal Place of Business:** 1649 3RD STREET S.W 1649 3RD STREET S.W. WINTER HAVEN, FL 33881 WINTER HAVEN, FL 33880 **Current Mailing Address: New Mailing Address:** 2160 HIGHLAND BLVD. BARTOW, FL 33830 FEI Number: 20-0520307 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HORNE, DARRELL 5005 STRADA DRIVE WINTER HAVEN, FL 33880 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete HALMAN, JOE N JR. Name: Name: 2160 HIGHLAND BLVD. Address: Address: City-St-Zip: BARTOW, FL 33830 City-St-Zip: Title: VD ( ) Delete Title: () Change () Addition HALMAN, DEBRA A Name: Name: Address: 2160 HIGHLAND BLVD. Address: City-St-Zip: BARTOW, FL 33830 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition HORNE, DARRELL Name: HORNE, DARRELL Name: 5005 STRADA DRIVE Address: Address: 5005 STRADA DRIVE City-St-Zip: WINTER HAVEN, FL 33880 City-St-Zip: WINTER HAVEN, FL 33880 Title: ( ) Delete Title: TD (X) Change ( ) Addition Name: COLEMAN, CLIFFORD JR. Name: COLEMAN, CLIFFORD JR. 1690 VARNER CT. 1690 VARNER CT. Address: Address: City-St-Zip: BARTOW, FL 33830 City-St-Zip: BARTOW, FL 33830 Title: () Delete Title: () Change () Addition BEMBRY, ERIC Name: Name: 825 SUNSET AVE. DR. Address: Address: City-St-Zip: WINTER HAVEN, FL 33880 City-St-Zip: Title: () Delete Title: ( ) Change (X) Addition GIDDENS, AMBER Name: Name: Address: Address: 980 E CHURCH STREET APT B102 BARTOW, FL 33830 City-St-Zip: 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: JOE HALMAN, JR. PRES 01/13/2009