


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2005 08:00 AM
Secretary of State

DOCUMENT # N04000004556 1. Entity Name GREATER SERENITY BAPTIST CHURCH, INC.	
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Principal Place of Business 3117 MULBERRY PARK BLVD. TALLAHASSEE, FL 32311	Mailing Address 3117 MULBERRY PARK BLVD. TALLAHASSEE, FL 32311
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DO NOT WRITE IN THIS SPACE



04212005 No Chg-NP CR2E037 (10/03)

4. FEI Number 20-1092784	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

JOHNSTON, TOM
3501 WESTFORD DR.
TALLAHASSEE, FL 32309

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD STEPHENS, CLAY 3117 MULBERRY PARK BLVD. TALLAHASSEE, FL 32311
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD FORD, KAREN 495 GOULD RD. QUINCY, FL 32351
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD CRUM, ALAN J 2136 PORTSMOUTH CIRCLE TALLAHASSEE, FL 32311
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LETCHEWORTH, LANCE G 2145 PORTSMOUTH CIRCLE TALLAHASSEE, FL 32311
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JOHNSTON, TOM 3501 WESTFORD DR. TALLAHASSEE, FL 32309
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LEHR, EDDIE 2123 FERNLIEGH DR. TALLAHASSEE, FL 32311

000000340422
04/28/05-80114-025 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Alan Crum Alan Crum

4-28-05 (850) 528-5451