2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2008
Secretary of State

DOCUMENT# N04000005075

Entity Name: GREATER FAITH CHRISTIAN FELLOWSHIP MISSIONARY BAPTIST CHURCH, INC.

Current Principal Place of Business:

187 ANDORA STREET
ST. AUGUSTINE, FL 32086

New Principal Place of Business:

Current Mailing Address:

187 ANDORA STREET
ST. AUGUSTINE, FL 32086

New Mailing Address:

FEI Number: 04-3669854 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HIGHMAN, MAJOR REV.
187 ANDORA STREET
ST. AUGUSTINE, FL 32086 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: PD ( ) Delete
Name: HIGHMAN, MAJOR REV.
Address: 187 ANDORA STREET
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: VPD ( ) Delete
Name: WASHINGTON, JOHN
Address: SCOTT STREET
City-St-Zip: ST. AUGUSTINE, FL 32095

Title: SD ( ) Delete
Name: STREETER, RUTH
Address: 20 ROLLINS STREET
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: TD ( ) Delete
Name: HIGHMAN, SARAH F
Address: 187 ANDORA STREET
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: VPD (X) Delete
Name: WASHINGTON, JOHN
Address: 21 DR. R.B HAYLING PL
City-St-Zip: SAINT AUGUSTINE, FL 32084

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: WASHINGTON, JOHN
Address: 21 DR. H. B. HAYLING PL.
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: SD (X) Change ( ) Addition
Name: STREETER, RUTH
Address: 880 6TH STREET
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: VPTD (X) Change ( ) Addition
Name: HIGHMAN, SARAH F
Address: 187 ANDORA STREET
City-St-Zip: ST. AUGUSTINE, FL 32086

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: MAJOR HIGMAN PD 07/11/2008

Electronic Signature of Signing Officer or Director — Date