2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 11, 2008 8:00 am Secretary of State

DOCUMENT # N0400009110 1. Entity Name GREATER PHASE OF FAITH MINISTRIES, INC.					02-13-2008 9	90029 047 ****	70.10
Principal Plac 1910 MYAKI KISSIMMEE,		Mailing Address 1910 NYAKKA COURT KISSIMMEE, FL 34759		66003	208 M M MMMM	370 3 80 1210 3730 887 8	MIRAD
2. Principal Place of Business - No P.O. Box # 3. Mailing Address 4512 Browshire Place 4512 Browshire		cohine Place	2				
Suite, Apt.	e Wales, florida	Suite, Apt. V, etc.	Florida	02082008	Chg-NP	CR2E037 (12/06)	
City & Stat	6	City & State		4. FEI Number 20-17052	299	⊢	pplied For of Applicable
338		33898	PolK	5. Certificate of	Status Desired	\$8.75 Add Fee Require	ditional
	6. Name and Address of Current I	Registered Agent	Name	7. Name and A	ddress of New Reg	pistered Agent	
GADSON, CHARLES F 1910 MYAKKA COURT KISSIMMEE, FL 34759			Street Address (P.O. Box Number is Not Appentable) His BreakShire (P.O. Box Number is Not Appentable)				
			City	lave legles		FL Zin Cod	860
B. The above	named entity submits this statement for	the purpose of changing its	registered office or re	egistered agent, or both,	in the State of Floric		and accept
ii na obiigai	tions of registered agent.		•	A			
SIGNATURE	Charles 7. Had Signature, typied or printed remo of registered agent a	and Utie if applicable. (NOTE:	Rally 7	required finen remainting)	- 2	18/08 Lite	 -
SIGNATURE	Signature, hybrid or printed name of registered agent a Filling Fee is \$61.25 Due by May 1, 2008	ond the if applicable. (NOTE: 9. Election Carm Trust Fund Co		\$5.00 May Be Added to Fees		ATE to check payable to a Department of St	
10.	Filing Fee is \$81.25 Due by May 1, 2008 OFFICERS AND DIR	9. Election Cam Trust Fund Ca ECTORS	ontribution.	Added to Fees	Florida	a Department of St	inte
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TO. TITLE NAME	Filing Fee is \$81.25 Due by May 1, 2008 OFFICERS AND DIR REVD GADSON, CHARLES F	9. Election Cam Trust Fund Ca ECTORS	ontribution. □ 11. πιε NAME	Added to Fees ADDITIONS/CHAN	GES TO OFFICERS	AND DIRECTORS IN	iate
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^{12.} I hereby certify that the information supplied with this filling 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 eath; 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.