

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 28, 2007 08:00 AM
Secretary of State

DOCUMENT # N05000007712

1. Entity Name
GREATER FELLOWSHIP M.B.C. EXTENDED HANDS
MINISTRIES, INC.



Principal Place of Business
2601 NW 65 STREET
MIAMI, FL 33147

Mailing Address
2601 NW 65 STREET
MIAMI, FL 33147



03212007 No Chg-NP

CR2E037 (4/06)

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4. FEI Number
20-3182507

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PRUETT, HOSEA
2601 NW 65 STREET
MIAMI, FL 33147

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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, the registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-26-07

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

000000681738
04/04/07-80057-006 70.00

10. OFFICERS AND DIRECTORS

TITLE P
NAME PRUETT, HOSEA
STREET ADDRESS 2601 NW 65 STREET
CITY-ST-ZIP MIAMI, FL 33147

TITLE D
NAME REESE, JEANNIE
STREET ADDRESS 2601 NW 65 STREET
CITY-ST-ZIP MIAMI, FL 33147

TITLE D
NAME GORDON, WILLIE
STREET ADDRESS 2601 NW 65 STREET
CITY-ST-ZIP MIAMI, FL 33147

TITLE D
NAME PEOPLES, JOHN
STREET ADDRESS 2601 NW 65 STREET
CITY-ST-ZIP MIAMI, FL 33147

TITLE D
NAME PRUETT, SHEILA
STREET ADDRESS 2601 NW 65 STREET
CITY-ST-ZIP MIAMI, FL 33147

TITLE D
NAME ANDERSON, ALVIN
STREET ADDRESS 2601 NW 65 STREET
CITY-ST-ZIP MIAMI, FL 33147

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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:

Hosea A Prutt b.o. 3-26-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #