

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007712

FILED
Mar 29, 2009
Secretary of State

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

Current Principal Place of Business:

2601 NW 65 STREET
MIAMI, FL 33147

New Principal Place of Business:

Current Mailing Address:

2601 NW 65 STREET
MIAMI, FL 33147

New Mailing Address:

FEI Number: 20-3182507

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALKER, SHARLENE
2601 NW 65 STREET
MIAMI, FL 33147 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: P () Delete
Name: WALKER, SHARLENE L
Address: 2601 NW 65 STREET
City-St-Zip: MIAMI, FL 33147

Title: D () Delete
Name: SMITH, GWENDOLYN D
Address: 2601 NW 65 STREET
City-St-Zip: MIAMI, FL 33147

Title: D () Delete
Name: GORDON, WILLIE
Address: 2601 NW 65 STREET
City-St-Zip: MIAMI, FL 33147

Title: D () Delete
Name: ALLEN, LARRY
Address: 2601 NW 65 STREET
City-St-Zip: MIAMI, FL 33147

Title: D () Delete
Name: JEFFERS, SHIRLEY
Address: 2601 NW 65 STREET
City-St-Zip: MIAMI, FL 33147

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: CHAIRPERSON/SHARLENE WALKER

MRS

03/29/2009

Electronic Signature of Signing Officer or Director

Date