

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007712

FILED  
Apr 27, 2010  
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  
Name: WALKER, SHARLENE L  
Address: 2601 NW 65 STREET  
City-St-Zip: MIAMI, FL 33147

Title: M  
Name: PEOPLES, JOHN  
Address: 2601 NW 65 STREET  
City-St-Zip: MIAMI, FL 33147

Title: M  
Name: POPE, ALESIA  
Address: 2601 NW 65 STREET  
City-St-Zip: MIAMI, FL 33147

Title: D  
Name: ANDERSON, ALVIN  
Address: 2601 NW 65 STREET  
City-St-Zip: MIAMI, FL 33147

Title: D  
Name: HAMILTON, LEE  
Address: 2601 NW 65 STREET  
City-St-Zip: MIAMI, FL 33147

Title: D  
Name: DARRISAW, KIMBERLY  
Address: 2601 N W 65 ST  
City-St-Zip: MIAMI, FL 33147

I hereby 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 all other like empowered.

SIGNATURE: SHARLENE WALKER

P

04/27/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date