


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2007 08:00 A
Secretary of State

DOCUMENT # N05000012277		
1. Entity Name THE GREATER HEIGHTS CHURCH OF CHRIST, INC.		
Principal Place of Business 150 S E 74TH STREET GAINESVILLE, FL 32641	Mailing Address P.O. BOX 1024 GAINESVILLE, FL 32602	



03022007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2987880	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent LONG, DOROTHY 1124 S E 19TH TERRACE GAINESVILLE, FL 32641	DO NOT WRITE IN THIS SPACE
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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 registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000661418 03/20/07-80039-023 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED LONG, DOROTHY 1124 S E 19TH TERRACE GAINESVILLE, FL 32641
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MILLER, JOHNNY 5817 S E 169TH AVENUE MICANOPY, FL 32667
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TAYLOR, BONNIE 1615 S E 35TH AVENUE GAINESVILLE, FL 32641
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: *Dorothy Long Dorothy Long* 3/6/07 (352) ~~352-1182~~
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone 231-02 37