


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2007 8:00 am
Secretary of State

03-15-2007 90022 035 ****70.00

DOCUMENT # N06000002024					
1. Entity Name GREATER FAITH MINISTRIES OF GOD ON THE MOVE INC.					
Principal Place of Business 1026 W LIVINGSTON ST ORLANDO, FL 32805			Mailing Address 1026 W LIVINGSTON ST ORLANDO, FL 32805		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 34-2062088	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent KING PAYNE, DIANE C 1026 W LIVINGSTON ST ORLANDO, FL 32805				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE O NAME RAVENELL, RUTH STREET ADDRESS 150-21 116 DR CITY - ST - ZIP JAMAICA, NY 11434	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE P NAME PAYNE, DIANE C STREET ADDRESS 1026 W LIVINGSTON ST CITY - ST - ZIP ORLANDO, FL 32805	<input type="checkbox"/> Delete		TITLE ✓ P/D/MD/CSO NAME Payne, Diane C. STREET ADDRESS 1026 W. LIVINGSTON ST. CITY - ST - ZIP Orlando FL. 32805	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE V NAME THOMAS, LELIA STREET ADDRESS 135 WOODLAND AVE CITY - ST - ZIP CENTRAL ISLIP, NY 11722	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE ES NAME COLLINS, JEAN STREET ADDRESS 2803 W ARLINGTON ST #120 CITY - ST - ZIP ORLANDO, FL 32805	<input type="checkbox"/> Delete		TITLE ✓ CS. NAME Collins, Jean STREET ADDRESS 2803 W. ARLINGTON ST. #120 CITY - ST - ZIP Orlando, FL. 32805	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME WILLIAMS, CAPRICIA M STREET ADDRESS 92-06 196 ST CITY - ST - ZIP HOLLIS, NY 11423	<input type="checkbox"/> Delete		TITLE NAME Payne, Ned J. STREET ADDRESS 1026 W. LIVINGSTON ST. CITY - ST - ZIP Orlando FL. 32805	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE T #2 NAME Ruby B. Johnson STREET ADDRESS 1025 W. LIVINGSTON ST. CITY - ST - ZIP Orlando FL. 32805	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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: <u>Diane C. King Payne / DIANE C. King Payne</u> 3-13-07 / 407488-6523					