

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002024

FILED
Apr 23, 2009
Secretary of State

Entity Name: GREATER FAITH MINISTRIES OF GOD ON THE MOVE INC.

Current Principal Place of Business:

1026 W LIVINGSTON ST
ORLANDO, FL 32805

New Principal Place of Business:

Current Mailing Address:

1026 W LIVINGSTON ST
ORLANDO, FL 32805

New Mailing Address:

FEI Number: 34-2062088

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KING PAYNE, DIANE C MINISTE
1026 W LIVINGSTON ST
ORLANDO, FL 32805 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: O () Delete
Name: RAVENELL, RUTH M BISHOP
Address: 150-21 116 DR
City-St-Zip: JAMAICA, NY 11434 US

Title: V () Delete
Name: THOMAS, LELIA ELDER
Address: 135 WOODLAND AVE.
City-St-Zip: CENTRAL ISLIP, NY 11722 US

Title: EM () Delete
Name: PAYNE, NED J MR.
Address: 1026 W. LIVINGSTON ST.
City-St-Zip: ORLANDO, FL 32805 US

Title: CS () Delete
Name: COLLINS, JEAN MRS.
Address: 2371 LAKE WESTON DR. , APT. 1712
City-St-Zip: ORLANDO, FL 32810 US

Title: T () Delete
Name: WILLIAMS, CAPRICIA M MRS.
Address: 92-06 196 ST., APT. A11
City-St-Zip: HOLLIS, NY 11423 US

Title: T () Delete
Name: JOHNSON, RUBY B MS.
Address: 1025 W. LIVINGSTON ST
City-St-Zip: ORLANDO, FL 32805 US

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: CS (X) Change () Addition
Name: WILSON, BRENDA L MS.
Address: 1620 MESSINA AVE.
City-St-Zip: ORLANDO, FL 32811 US

Title: T (X) Change () Addition
Name: WILLIAMS, CAPRICIA M MRS.
Address: 39 KING CT.
City-St-Zip: ELMONT, NY 10003 US

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: DIANE C. KING PAYNE

CSO

04/23/2009

Electronic Signature of Signing Officer or Director

Date