

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002024

FILED  
Mar 06, 2010  
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:**

1026 W. LIVINGSTON ST.  
ORLANDO, FL 32805

**Current Mailing Address:**

1026 W LIVINGSTON ST  
ORLANDO, FL 32805

**New Mailing Address:**

1026 W. LIVINGSTON ST.  
ORLANDO, FL 32805

**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:**

KING PAYNE, DIANE C MINISTE  
1026 W. LIVINGSTON ST.  
ORLANDO, FL 32805 US

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: DIANE C. KING PAYNE

03/06/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: O  
Name: RAVENELL, RUTH M BISHOP  
Address: 150-21 116 DR  
City-St-Zip: JAMAICA, NY 11434 US

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

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

Title: ES  
Name: GLENDA, MONTERO-GUADAL I MS.  
Address: 2315 LAKE WESTON DR.,#1326, BLDG.#13  
City-St-Zip: ORLANDO, FL 32810 US

Title: T  
Name: WILLIAMS, CAPRICIA M MRS.  
Address: 39 KING CT.  
City-St-Zip: ELMONT, NY 11003 US

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

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: DIANE C. KING PAYNE

ED

03/06/2010

Electronic Signature of Signing Officer or Director

Date