## · 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## DOCUMENT # N06000009936 1. Entity Name GREATER UNION BAPTIST CHURCH INC. 2008 NOV -6. AM 10: 08 SECRETARY OF STATE Principal Place of Business Mailing Address TALLAHASSEE, FLORIDA 1300 NORTH GUILLEMARD STREET 1300 NORTH GUILLEMARD STREET PENSACOLA, FL 32501 PENSACOLA, FL 32501 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 08242008 CR2E037 (12/06) Chg-NP Applied For 4. FEI Number 59-2387724 City & State City & State Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent POGUE DELARIAN JOHNSON, DAWN-M-Street Address (P.O. Box Number is Not Acceptable) 2940 SHOAF CREEK DRIVE PENSACOLA, FL 32514 1122 GERMAIN CIN PENSACOLA Zip Code ろんら 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 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make check payable to Filling Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by September 12, 2008 Added to Fees OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. PEV-TITLE Delete MLE Deacon Addition KING HUCH SR NAME NAME Delantum Hoque 1122 Germain 1300 NORTH-CUILLEMARD STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PENBACOLA, FL 92501---CITY-ST-ZIP Pensacila. Deacon Addition MILE CIK Delete TITLE ☐ Chance Serone watson NAME STIFFIN; WILLIE --NAME STREET ADDRESS 7834 EOLKSTONS DR:--STREET ADDRESS 1520 Templemore Drive CITY-ST-ZIP PENSAGOLA, FL-32514... CITY-ST-ZIP Addition ( Vetete TILE MLE ☐ Change Samuel Scott ROBINSON, CWENDOLYN-NAME NAME 305 TALAR Drive STREET ADDRESS 110 FULTON AVE STREET ADDRESS 1754cola, FL 32503 City-St-ZIP PENSACOLA; PL 32503 CITY-ST-7IP TITLE Defete TITLE ☐ Change ■ Addition NAME NALE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TITLE NAME KAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TILLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.

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