


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2008 8:00 am
Secretary of State

04-01-2008 90006 039 ****61.25

DOCUMENT # N06000010344					
1. Entity Name GREATER LOVE COMMUNITY DEVELOPMENT, INC.					
Principal Place of Business 524 E. ORANGE AVENUE TALLAHASSEE, FL 32301			Mailing Address PO BOX 4095 TALLAHASSEE, FL 32315		
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: 56-2614392	
				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			7. Name and Address of New Registered Agent		
BRANTLEY, CHARLES J 524 E. ORANGE AVENUE TALLAHASSEE, FL 32301			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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: <i>Ruth Brantley</i>		RUTH BRANTLEY		03/18/2008	
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, 2008		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	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BRANTLEY, C J		NAME		
STREET ADDRESS	PO BOX 696		STREET ADDRESS		
CITY-ST-ZIP	MIDWAY, FL 32343		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PERRY, E		NAME		
STREET ADDRESS	P O BOX 38117		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32315		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BRANTLEY, RUTH		NAME		
STREET ADDRESS	P O BOX 696		STREET ADDRESS		
CITY-ST-ZIP	MIDWAY, FL 32343		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JOHNSON, E L		NAME		
STREET ADDRESS	PO BOX 5013		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32314		CITY-ST-ZIP		
TITLE	D/S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROGONY, W R		NAME		
STREET ADDRESS	PO BOX 3835		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32315		CITY-ST-ZIP		
TITLE	D/M/P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WATSON, R R		NAME		
STREET ADDRESS	PO BOX 38117		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32315		CITY-ST-ZIP		
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: <i>Wanda Rogony</i>		WANDA ROGONY		3/31/08 (850) 510-3608	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	