2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

01-14-2008 90094 037 ****61.25
FILED #N07000011148

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N07000011148

1. Entity Name
GREATER LOVE OUTREACH MINISTRY INC.

Principal Place of Business	Mailing Address
11057 LOMITA WREN RD BROOKSVILLE, FL 34614	P.O.BOX 324 BROOKSVILLE, FL 34614

01042008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
205 East Fort Dade Ave	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Brooksville, Fl	City & State
Zip: 34601 Country	Zip Country

4. FEI Number 26-1451977 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DYER, CALVIN PASTOR 11057 LOMITA WREN RD BROOKSVILLE, FL 34614	Name: Piper, Edward Street Address (P.O. Box Number is Not Acceptable): 1365 Haulover Ave City: Spring Hill FL Zip Code: 34608

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: PIPER, EDWARD Edward Piper 01-06-2008
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. ☐ **$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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P DYER, CALVIN PASTOR 11057 LOMITA WREN RD. BROOKSVILLE, FL 34614	☒ Delete	P/D Sampson, Joe P.O. Box 314 TRIBLY, FL 33593	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP PIPER, EDWARD DEACON 1365 HAULOVER AVE. SPRINGHILL, FL 34609	☐ Delete	VP/D FINLAYSON, REGGIE 15910 OAKCREST CIRCLE BROOKSVILLE, FL 34604	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SEC. SAMPSON, JOE DEACON P.O. BOX 314 TRIBLY, FL 33593	☐ Delete	SEC/D PIPER, EDWARD 1365, HAULOVER AVE SPRING HILL, FL 34608	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TRES WOODS, WILLIE 1022 PIERCE WOOD POINT BROOKSVILLE, FL 34602	☐ Delete	TRES WOODS, WILLIE 1022 PIERCE WOOD POINT BROOKSVILLE, FL 34602	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CHRM ANDERSON, MARY 25755 DAN HILL BROWN RD BROOKSVILLE, FL 34602	☐ Delete	CHRM ANDERSON, MARY 25755 DAN HILL BROWN RD BROOKSVILLE, FL 34602	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	RSEC FINLAYSON, REGGIE 15910 OAKCREST CIRCLE BROOKSVILLE, FL 34604	☐ Delete		☐ Change ☐ 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: Joe Sampson SAMPSON, JOE 01-06-2008 352-206-0296
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #