

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000012151

FILED  
Apr 15, 2009  
Secretary of State

**Entity Name:** GREAT AWAKENING MINISTRIES INC

**Current Principal Place of Business:**

3130 HARTLEY ROAD  
JACKSONVILLE, FL 32257

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 596  
ORANGE PARK, FL 32067

**New Mailing Address:**

**FEI Number:** 26-1599696

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FREEDOM TAX SERVICE PLUS  
225 BLANDING BLVD  
ORANGE PARK, FL 32073 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: P ( ) Delete  
Name: JACOBS, FREDRICK  
Address: PO BOX 596  
City-St-Zip: ORANGE PARK, FL 32067

Title: VP ( ) Delete  
Name: JACOBS, TAJA  
Address: PO BOX 596  
City-St-Zip: ORANGE PARK, FL 32067

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VPT (X) Change ( ) Addition  
Name: JACOBS, TAJA  
Address: PO BOX 596  
City-St-Zip: ORANGE PARK, FL 32067

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: FREDRICK JACOBS

P

04/15/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date