2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 16, 2007 8:00 am Secretary of State

OS-16-2007 90024 038 ***61.25 OS-16-2007 90024 038 ***61.25 OS-16-2007 90024 038 ***61.25 OS-16-2007 90024 038 ****61.25 O		7				iciaiy o	1 State	
20 I SWAIN BLVD. GREENACRES CITY, FL 33463 US GREENACRES CITY, FL 33463 US GREENACRES CITY, FL 33463 US Suite, Apr. #, etc. Suite, Apr. #, etc. City & State City &	Entity Name GREENACRES CITY BAPTIST CHURCH HOLDING						8 ****61.25	
Suite, Apt. #, etc. Suite, Apt. #, etc.	201 SWAIN BLVD. 201 SWAIN BLVD.			163 US	1 18811141 611 88111			
City & State Country City City City City City FL City	2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address	. Mailing Address				
Special Country Zip Country Zip Country Special Countr	Suite, Apt. #, etc.		Suite, Apt. #, etc.		01032007 CI	ng-NP CR2E	037 (12/06)	
S. Certificate of Status Desired Fee Required	City & State		City & State			9		
WHITTEN RONNIE 101 SPRINGDALE CIRCLE PALM SPRINGS, FL 33461 Sirest Address (P.O. Box Number is Not Acceptable) City FL Zup Code Florida Department of State Florida Department of State Florida Department of State Florida Department of State City Florida Department of	Žip	Country	Žip	Country	5. Certificate of St	atus Desired		
WAHTTEN RONNIE 101 SPRINGS, FL 33461 City FL Zip Code		6. Name and Address of Current I	Registered Agent		7. Name and Address of New Registered Agent			
PALM SPRINGS, FL 33461 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered algent, or both, in time State of Florida. I am tamylar with, and accept the obligations of registered agent. SIGNATURE CONSTITUTE ON HITTER POSTOY FILING Foe Is \$61.25 Due by May 1, 2007 FILING Foe Is \$61.25 FILING Foe Is \$61.								
B. The above named entity submits this statement for the purpose of changing its registered office or perstated agent, or both, in the State of Florida. I am ham/lar with, and accept the obligations of registered agent. SIGNATURE CONDIF WAITHER POSTOR Signature, hyped or printed name of registered agent and title il explicable. (IACTE Registered Agree/Power regulated when registered agent, or both, in the State of Florida. I am ham/lar with, and accept the obligations of registered agent. FILING PORT F. WAITHER POSTOR Signature, hyped or printed name of registered agent and title il explicable. (IACTE Registered Agree/Power regulated when regulated when registered agent, or both, in the State of Florida. I am ham/lar with, and accept the obligations of registered agent. FILING POWER STATE AGENTS (IACTE Registered Agree/Power regulated when regulated when regulated when regulated when regulated when regulated agent, or both, in the State of Florida. I am ham/lar with, and accept the object of the power regulated agent, or both, in the State of Florida. I am ham/lar with, and accept the object of the power regulated agent, or both, in the State of Florida. I am ham/lar with, and accept the object of the power regulated agent, or both, in the State of Florida. I am ham/lar with, and accept the power regulated agent, or both, in the State of Florida. I am ham/lar with, and accept the power regulated agent, or both, in the State of Florida. I am ham/lar with, and accept the power regulated agent, or both, in the State of Florida. I am ham/lar with, and accept the power regulated agent, or both, and accept the power regulated agent, or both, and accept the power regulated agent agent. FILING POWER REGISTER AGENT R				Street Addi	Address (P.O. Box Number is Not Acceptable)			
THE ONING STREET ADDRESS OFFI-ST-ZIP TITLE NAME STREET ADDRESS OFFI-ST-ZIP TITLE NAME STREET ADDRESS OFFI-ST-ZIP TITLE NAME STREET ADDRESS OFFI-ST-ZIP TITLE NAME STREET ADDRESS OFFI-ST-ZIP TITLE NAME STREET ADDRESS OFFI-ST-ZIP TITLE NAME STREET ADDRESS OFFI-ST-ZIP TITLE NAME STREET ADDRESS OFFI-ST-ZIP TITLE NAME STREET ADDRESS OFFI-ST-ZIP TITLE NAME STREET ADDRESS OFFI-ST-ZIP TITLE NAME STREET ADDRESS OFFI-ST-ZIP TITLE NAME STREET ADDRESS OFFI-ST-ZIP TITLE NAME STREET ADDRESS OFFI-ST-ZIP TITLE NAME STREET ADDRESS OFFI-ST-ZIP TITLE NAME STREET ADDRESS OFFI-ST-ZIP TITLE NAME STREET ADDRESS OFFI-ST-ZIP TITLE NAME STREET ADDRESS OFFI-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRE		·		City		F	Zip Code	
Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ITILE D ROBERT E LEE STREET ADDRESS CITY-ST-2P CITY-S	the obligations of registered agent. SIGNATURE CONDIFE WhitHEN POSTOY SIgnature, typed or printed name of registered agent and title It applicable. (NOTE: Registered Agent agent use required when reinstating) DATE							
TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRE								
CITY-ST-ZIP LAKE WORTH, FL 33461 CITY-ST-ZIP LAKE WORTH, FL 33461 CITY-ST-ZIP LAKE WORTH, FL 33490 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CHange Addition Addition Addition Change Addition Addition Change Addition Addition Change Addition Addition Change Addition Change Addition Addition Change Addition STREET ADDRESS CITY-ST-ZIP CHANGE STREET ADDRESS	TITLE NAME STREET ADDRESS	D ROBERT E LEE 27 LANCASTER DR		TITLE V	irainia Ste 22D Tancelo	phens crave	☐ Change Addition	
AMBURGET, NATHLEEN STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH, FL 33413 TITLE DO NAME POLK, DAVID STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	NAME STREET ADDRESS	DONOVAN, NELL 4893 KIRK RD	Delete :	CITY-ST-ZIP	ake worth,	FL 33960	☐ Change Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	NAME STREET ADDRESS	AMBURGEY, KATHLEEN 727 PARKWAY CT	▼ Delete	NAME STREET ADDRESS CITY-ST-ZIP	on Gransta 3 Lisa Ln Lake Worth	ff n,FL 3346		
NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS	NAME STREET ADDRESS	POLK, DAVID 4662 EMPIRE WAY	☐ Delete	NAME STREET ADDRESS			☐ Change ☐ Addition	
NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	NAME STREET ADDRESS		☐ Delete	NAME STREET ADDRESS			☐ Change ☐ Addition	
	NAME STREET ADDRESS		☐ Delete	NAME STREET ADDRESS			☐ Change ☐ Addition	

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 bettue 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 amovered 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

561-964-3/15 Daytime Phone #