


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

05-16-2007 90024 038 \*\*\*\*61.25

<b>DOCUMENT # N07845</b> 1. Entity Name <b>GREENACRES CITY BAPTIST CHURCH HOLDING COMPANY</b>					
Principal Place of Business <b>201 SWAIN BLVD. GREENACRES CITY, FL 33463 US</b>			Mailing Address <b>201 SWAIN BLVD. GREENACRES CITY, FL 33463 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01032007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number <b>59-1637579</b>	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>WHITTEN, RONNIE 101 SPRINGDALE CIRCLE PALM SPRINGS, FL 33461</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 <u>Ronnie Whitten, Pastor</u> (NOTE: Registered Agent Signature required when reinstating) <span style="float: right;">4/30/07</span> <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Virginia Stephens	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERT E LEE		NAME	1221 Tanager Ave	
STREET ADDRESS	27 LANCASTER DR		STREET ADDRESS	West Palm Beach, FL 33406	
CITY - ST - ZIP	GREEN ACRES, FL		CITY - ST - ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Robert Walker	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DONOVAN, NELL		NAME	1010 S.C. STREET	
STREET ADDRESS	4893 KIRK RD		STREET ADDRESS	Lake Worth, FL 33460	
CITY - ST - ZIP	LAKE WORTH, FL 33461		CITY - ST - ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Don Granstaff	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AMBURGEY, KATHLEEN		NAME	93 Lisa Ln	
STREET ADDRESS	727 PARKWAY CT		STREET ADDRESS	Lake Worth, FL 33463	
CITY - ST - ZIP	WEST PALM BEACH, FL 33413		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POLK, DAVID		NAME		
STREET ADDRESS	4662 EMPIRE WAY		STREET ADDRESS		
CITY - ST - ZIP	GREEN ACERS, FL 33415		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			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.					
<b>SIGNATURE:</b> <u>Ronnie Whitten</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/30/07 561-964-3115 <small>Date Daytime Phone #</small>		