

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 16, 2008 8:00 am
Secretary of State

06-16-2008 90001 037 ****61.25

DOCUMENT # N07845

1. Entity Name
**GREENACRES CITY BAPTIST CHURCH HOLDING
COMPANY**



Principal Place of Business
**201 SWAIN BLVD.
GREENACRES CITY, FL 33463 US**

Mailing Address
**201 SWAIN BLVD.
GREENACRES CITY, FL 33463 US**

60044514



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05092008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-1637579

Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

~~WHITTEN, RONNIE~~
~~101 SPRINGDALE CIRCLE~~
~~PALM SPRINGS, FL 33461~~

7. Name and Address of New Registered Agent

Name **David Polk**
Street Address (P.O. Box Number is Not Acceptable)
4662 Empire Way
City **Greenacres** FL Zip Code **33463**

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

David Polk

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 September 12, 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

TITLE	D	<input type="checkbox"/> Delete
NAME	STEPHENS, VIRGINIA	
STREET ADDRESS	1221 TANGELER AVE	
CITY-ST-ZIP	WEST PALM BEACH, FL 33406	
TITLE	D	<input type="checkbox"/> Delete
NAME	WALKER, ROBERT	
STREET ADDRESS	1010 S.C. STREET	
CITY-ST-ZIP	LAKE WORTH, FL 33460	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRANSTAFF, DON	
STREET ADDRESS	73 LISA LANE	
CITY-ST-ZIP	LAKE WORTH, FL 33463	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	POLK, DAVID	
STREET ADDRESS	4662 EMPIRE WAY	
CITY-ST-ZIP	GREENACRES, FL 33415	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

David Polk

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #