


6.25

# 2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # N13574</b>						<b>FILED</b> 07 OCT 10 PM 1:54 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Entity Name <b>THE GREAT GOD GOSPEL AND EDUCATIONAL STATION, INC.</b>							
Principal Place of Business 11213 SE 53RD CT BELLEVUE, FL 34421				Mailing Address P O BOX 1206 BELLEVUE, FL 34421			
2. Principal Place of Business - No P.O. Box #				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number 55-0840451				Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
MILLS, JOE JR 11213 SE 53RD CT BELLEVUE, FL 34421				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			
				FL			
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 _____				DATE _____			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)							
Amended AR is \$61.25				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>			
				\$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	P	<input type="checkbox"/> Delete		TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MILLS, JOE PRES			NAME	Thomas D. CONNOLLOY		
STREET ADDRESS	11213 SE 53RD CT			STREET ADDRESS	1054 NE 32ND AVE		
CITY-ST-ZIP	BELLEVUE, FL 34421			CITY-ST-ZIP	OCALA, FL 34470		
TITLE	ST	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MILLS, JOE JR			NAME			
STREET ADDRESS	11213 SE 53RD RD CT.			STREET ADDRESS			
CITY-ST-ZIP	BELLEVUE, FL 34421			CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LAND, BOBBY			NAME			
STREET ADDRESS	911 NE 17 AVE			STREET ADDRESS			
CITY-ST-ZIP	OCALA, FL 34475			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DYOUS, JOHN R D			NAME			
STREET ADDRESS	1940 NW 7TH ST			STREET ADDRESS			
CITY-ST-ZIP	OCALA, FL 34475			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TRAPANI, JAMES J			NAME			
STREET ADDRESS	579 NE 44 AVE			STREET ADDRESS			
CITY-ST-ZIP	OCALA, FL 34475			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.							
SIGNATURE: _____				10/08/07 (352) 245-3692			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #			