




2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2005 08:00 AM
Secretary of State

DOCUMENT # N48788 1. Entity Name GREATER PALM BAY CHURCH OF GOD, NEW TESTAMENT, INCORPORATED			
Principal Place of Business 2270 JUPITER BLVD PALM BAY, FL 32908		Mailing Address PO BOX 061110 PALM BAY, FL 32906	
DO NOT WRITE IN THIS SPACE			
 01242005 No Chg-NP CR2E037 (10/03)			
4. FEI Number 59-3227121			Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent LEWINSON, JOHNNIE 673 DWIGHT AVE., SE PALM BAY, FL 32909		DO NOT WRITE IN THIS SPACE	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		U000000284265 04/01/05-80063-001 61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEWINSON, JOHNNIE 673 DWIGHT AVE SE PALM BAY, FL 32909		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C GRANT, LANDEL 1583 REED STREET NW PALM BAY, FL 32907		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VALENTINE, JOSEPH 502 DEDHAN AVE NW PALM BAY, FL 32907		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LEWINSON, LEONORA 673 DWIGHT AVE SE PALM BAY, FL 32909		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 		3/28/05	321-723-0510
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>