

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 04, 2008 08:00 A
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**



03232008 No Chg-NP

CR2E037 (4/08)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3227121

Applied For

Not Applicable

5. Certificate of Status Desired



**\$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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

000000852007

04/16/08-80023-014 70.00

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution.



**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME LEWINSON, JOHNNIE
STREET ADDRESS 673 DWIGHT AVE SE
CITY-ST-ZIP PALM BAY, FL 32909

TITLE C
NAME WELSH, VENESIA
STREET ADDRESS 262 FOREMOST AVE NW
CITY-ST-ZIP PALM BAY, FL 32907

TITLE T
NAME VALENTINE, JOSEPH
STREET ADDRESS 502 DEDHAN AVE NW
CITY-ST-ZIP PALM BAY, FL 32907

TITLE T
NAME LEWINSON, LEONORA
STREET ADDRESS 673 DWIGHT AVE SE
CITY-ST-ZIP PALM BAY, FL 32909

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/24/08 321-223-0510