

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48788

FILED
Apr 23, 2009
Secretary of State

Entity Name: GREATER PALM BAY CHURCH OF GOD, NEW TESTAMENT, INCORPORATED

Current Principal Place of Business:

2270 JUPITER BLVD
PALM BAY, FL 32908

New Principal Place of Business:

Current Mailing Address:

PO BOX 061110
PALM BAY, FL 32906

New Mailing Address:

FEI Number: 59-3227121

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEWINSON, JOHNNIE
673 DWIGHT AVE., SE
PALM BAY, FL 32909 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LEWINSON, JOHNNIE
Address: 673 DWIGHT AVE SE
City-St-Zip: PALM BAY, FL 32909

Title: C () Delete
Name: WELSH, VENESIA
Address: 262 FOREMOST AVE NW
City-St-Zip: PALM BAY, FL 32907

Title: T () Delete
Name: VALENTINE, JOSEPH
Address: 502 DEDHAN AVE NW
City-St-Zip: PALM BAY, FL 32907

Title: T () Delete
Name: LEWINSON, LEONORA
Address: 673 DWIGHT AVE SE
City-St-Zip: PALM BAY, FL 32909

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN LEWINSON

PD

04/23/2009

Electronic Signature of Signing Officer or Director

Date