## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N49184

FILED Mar 22, 2009 Secretary of State

Entity Name: GREATER LIFE CHURCH, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

10340 PENNSYLVANIA AVENUE HOMOSASSA, FL 34487

**Current Mailing Address: New Mailing Address:** 

P.O. BOX 575

HOMOSASSA, FL 34487 US

FEI Number: 56-2656918 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

GOURLEY, JOHN M GOURLEY, JOHN M 99 SYCAMORE CIRCLE 14 MANGROVE CT S. HOMOSASSA, FL 34446 US US HOMOSASSA, FL 34446

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: JOHN M. GOURLEY 03/22/2009

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change ( ) Addition GOURLEY, JOHN M GOURLEY, JOHN M Name: Name: 14 MANGROVE CT. S. Address: 99 SYCAMORE CIRCLE Address: City-St-Zip: HOMOSASSA, FL 34446 City-St-Zip: HOMOSASSA, FL 34446 Title: Title: () Delete () Change () Addition DYER, BETTY Name: Name: Address: PO BOX 11590 Address: City-St-Zip: HOMOSASSA, FL 34446 City-St-Zip: Title: () Delete Title: () Change () Addition HALL, TRACY Name: Name: Address: PO BOX 923 Address: City-St-Zip: HOMOSASSA, FL 34446 City-St-Zip: Title: TR ( ) Delete Title: () Change () Addition Name: WHEELER, JAMES Name: 4825 W. OAKLAWN ST. Address: Address: City-St-Zip: HOMOSASSA, FL 34446 City-St-Zip: Title: () Delete Title: () Change () Addition JOHNSON, JAMES Name: Name: 10179 LARCHWOOD ST Address: Address:

City-St-Zip: HOMOSASSA, FL 34446 City-St-Zip:

Title: ( ) Delete Title: () Change () Addition

RUFF, CHARLOTTE Name: Name: Address: 4982 W. FIELD ST Address: HOMOSASSA, FL 34446 City-St-Zip: 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 M. GOURLEY PTR 03/22/2009