2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9300001070 1. Entity Name GREATER GLORY NEW TESTAMENT CHURCH OF DELIVERANC 02 MAY - PM 12: 43 E. INC. Mailing Address Principal Place of Business SECRETARY OF STATE P.O. BOX 625 220 POND STREET TALLAHASSEE, FLORIDA CENTURY FL 32535 CENTURY FL 32535 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State 59-3168593 City & State Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired Country Zip Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) COTTRELL. NANCY PASTOR 6941 JEFFERSON AVENUE CENTURY FL 32535 Zip Code City 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 DATE SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. Make Check Payable to 9. Election Campaign Financing \$5.00 May Be Department of State FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME COTTRELL, NANCY NAME STREET ADDRESS 6941 JEFFERSON AVE STREET ADDRESS CITY-ST-ZIP CENTURY FL 32535 CITY-ST-ZIP Addition Change TITLE ☐ Delete TITLE COTTRELL, CORNELIOUS NAME STREET ADDRESS 6941 JEFFERSON AVE STREET ADDRESS CITY-ST-ZIP CHIEF EXECUTIVE TREASURED Change CITY-ST-ZIP CENTURY FL 32535 ☐ Addition TITLE ☐ Delete TITI F NAME FRANKLIN, CYNTHIA 60 GREEN ST. NAME STREET ADDRESS 84 CENTURY BLVD STREET ADDRESS CENTURY, FL 32535 CITY-ST-ZIP CITY-ST-ZIP CENTURY FL 32535 CHIEF EXECUTIVE SECRETARY Change PAHELA HACAETLUR 304 E. POND ST. 💹 Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS FL 32535 CITY-ST-ZIP CITY-ST-ZIE ☐ Change ☐ Addition TITLE ☐ Delete 2000005482332 TITLE NAME NAME -05/07/02--01095--001 STREET ADDRESS STREET ADDRESS *****70.00 ****113.75 CITY-ST-ZIP CITY-ST-ZIP Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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 other like appearance. CITY-ST-ZIP

SIGNATURE:

changed, or on an attachmep with an address, with all other like empowered.

5-6-02 25/-296 50 30

Date Date Dayline Phone #