2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 23, 2005
Secretary of State

DOCUMENT# N93000003393

Entity Name: GREATER VICTORY MINISTRIES, INC.

Current Principal Place of Business:

7654 N.W. 17 PLACE
MIAMI, FL 33147

New Principal Place of Business:

Current Mailing Address:

P O BOX 380214
MIAMI, FL 332380214 US

New Mailing Address:

FEI Number: 65-0425687 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

PAYNE, JEAN B
16981 NE 8 CT
NORTH MIAMI BEACH, FL 33162 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: DO ( ) Delete
Name: PAYNE, BRUCE
Address: 7654 N.W. 17 PLACE
City-St-Zip: MIAMI, FL 33147

Title: D ( ) Delete
Name: JACKSON, LILLIAN R
Address: 14545 GARDEN DRIVE
City-St-Zip: MIAMI, FL 33168

Title: D ( ) Delete
Name: GHENT, MARY H
Address: 7654 MW 17TH PL
City-St-Zip: MIAMI, FL 33147

Title: D ( ) Delete
Name: HALL, AMANDA
Address: 16981 NE 8 CRT
City-St-Zip: MIAMI, FL 33162

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 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 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: BRUCE PAYNE DO 06/23/2005
Electronic Signature of Signing Officer or Director — Date