


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 11, 2007 08:00 AM
Secretary of State

DOCUMENT # N94000003234 1. Entity Name GREATER LOVE BAPTIST CHURCH, INC.	
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Principal Place of Business 4617 NW 22 AVE MIAMI, FL 33055	Mailing Address 4617 NW 22 AVE MIAMI, FL 33142
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07052007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0003398	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent NESBITT, LEWIS REV. 3148 NW 169 TERR OPA LOCKA, FL 33056

**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 _____ (NOTE: Registered Agent signature required when reinstating)
Signature, typed or printed name of registered agent and title if applicable. DATE

**Filing Fee is \$61.25
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

000000768421
07/12/07-80011-009 70.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NESBITT, ADELLA 3148 NW 169 TERRACE OPA LOCKA, FL 33056
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WILLIAMS, SUDIE 2101 NW 52ND ST., #C MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD DAVIS, JESSIE 2320 NW 95 STREET MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NESBITT, LEWIS 3148 NW 169 TERRACE OPA LOCKA, FL 33056
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Sudie Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-8-07
Date

Daytime Phone #