

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N94000003234

1. Entity Name
GREATER LOVE BAPTIST CHURCH, INC.



Principal Place of Business
4617 NW 22 AVE
MIAMI, FL 33055

Mailing Address
4617 NW 22 AVE
MIAMI, FL 33142

FILED
Jul 14, 2008 08:00 AM
Secretary of State



06302008 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 ☐ **\$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. This 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE

**Filing Fee is \$61.25
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE SD
NAME NESBITT, ADELLA
STREET ADDRESS 3148 NW 169 TERRACE
CITY-ST-ZIP OPA LOCKA, FL 33056

TITLE TD
NAME WILLIAMS, SUDIE
STREET ADDRESS 2101 NW 52ND ST., #C
CITY-ST-ZIP MIAMI, FL 33142

TITLE MD
NAME DAVIS, JESSIE
STREET ADDRESS 2320 NW 95 STREET
CITY-ST-ZIP MIAMI, FL

TITLE D
NAME NESBITT, LEWIS
STREET ADDRESS 3148 NW 169 TERRACE
CITY-ST-ZIP OPA LOCKA, FL 33056

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000954529
07/14/08-80004-013 61.25

**DO NOT WRITE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-6-08