

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001817

FILED
Apr 26, 2007
Secretary of State

Entity Name: GREATER FAITH INTERDENOMINATIONAL MINISTRIES INC.

Current Principal Place of Business:

P. O. BOX 971861
MIAMI, FL 33197

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 971861
MIAMI, FL 33197

New Mailing Address:

FEI Number: 65-0575049

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JAMES, ARISTINE R
10701 SW 216TH STREET BAY 23 & 24
MIAMI, FL 33170 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: D () Delete
Name: JAMES, WALLACE
Address: 9761 S.W. 220 STREET
City-St-Zip: MIAMI, FL 33190

Title: D () Delete
Name: JAMES, ARISTINE R
Address: 9761 S.W. 220 STREET
City-St-Zip: MIAMI, FL 33190

Title: T () Delete
Name: FAULKNO, ALFRED
Address: 26227 S.W. 141 PLACE
City-St-Zip: MIAMI, FL 33032

Title: D () Delete
Name: HANKERSON, LATONJA
Address: 20031 S.W. 123 DRIVE
City-St-Zip: MIAMI, FL 33177

Title: D () Delete
Name: BRADY, SHEILA
Address: 11885 S.W. 189 STREET
City-St-Zip: MIAMI, FL 33177

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:

Title: () Change () Addition
Name:
Address:
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: WALLACE JAMES

D

04/26/2007

Electronic Signature of Signing Officer or Director

Date