2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001817

FILED Aug 21, 2008 Secretary of State

Entity Name: GREATER FAITH INTERDENOMINATIONAL MINISTRIES INC.

Current Principal Place of Business:		New Principal Place of Business:
P. O. BOX MIAMI, FL		9761 SW 220 STREET MIAMI, FL 33190
Current N	Nailing Address:	New Mailing Address:
P.O. BOX MIAMI, FL		
In accordan	r: 65-0575049 FEI Number Applied For () nce with s. 607.193(2)(b), F.S., the corporation did no	·
Name and	d Address of Current Registered Agent:	Name and Address of New Registered Agent:
	IRISTINE R / 216TH STREET BAY 23 & 24 . 33170 US	JAMES, ARISTINE R 9761 SW 220 ST. MIAMI, FL 33190 US
	e named entity submits this statement for the $\mathfrak p$ se of Florida.	purpose of changing its registered office or registered agent, or both,
SIGNATU	RE: ARISTINE R. JAMES	08/21/2008
	Electronic Signature of Registered Age	ent Date
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR
Title: Name: Address: City-St-Zip:	D () Delete JAMES, WALLACE 9761 S.W. 220 STREET MIAMI, FL 33190	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	D () Delete JAMES, ARISTINE R 9761 S.W. 220 STREET MIAMI, FL 33190	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	T () Delete FAULKNOR, ALFRED 26227 S.W. 141 PLACE MIAMI, FL 33032	Title: () Change () Addition Name: Address: City-St-Zip:
Title:	D () Delete HANKERSON, LATONJA 20031 S.W. 123 DRIVE	Title: D (X) Change () Addition Name: SMALL, CARLTON C Address: 1160 NW 65 STREET
Name: Address: City-St-Zip:	MIAMI, FL 33177	City-St-Zip: MIAMI, FL 33150

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 08/21/2008