


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 14, 2005 8:00 am**  
**Secretary of State**

01-14-2005 90020 034 \*\*\*\*70.00

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|---|--|---|--|
| <b>DOCUMENT # N96000000229</b>  |  |                                    |  |
| 1. Entity Name<br>GREATER UNION MISSIONARY BAPTIST CHURCH, INC.   |  |   |  |
| Principal Place of Business<br>249 NW 9TH AVE<br>SOUTH BAY, FL  |  | Mailing Address<br>P O BOX 784<br>SOUTH BAY, FL 33493   |  |
| 2. Principal Place of Business  |  | 3. Mailing Address  |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.   |  |
| City & State  |  | City & State  |  |
| Zip   | Country  | Zip   | Country  |
| 6. Name and Address of Current Registered Agent   |  | 7. Name and Address of New Registered Agent   |  |
| REESE, CHARLIE E<br>12060 ORANGE GROVE BLVD<br>ROYAL PALM BEACH, FL 33411   |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code                                   |  |
| 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 _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |  |   |  |
| <b>Filing Fee is \$61.25 Due by May 1, 2005</b>   |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees | <b>Make check payable to Florida Department of State</b>   |
| 10. OFFICERS AND DIRECTORS  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | DP<br>REESE, CHARLIE<br>12060 ORANGE GROVE BLVD<br>ROYAL PALM BEACH, FL 33411 <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | James Lester<br>P. O. Box 1456<br>Belle Glade, FL 33430 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | DS<br>BROCKMAN, KATHERINE<br>1030 MARTIN L. KING BLVD<br>SOUTH BAY, FL <input type="checkbox"/> Delete         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | Pearlie M. Moore<br>P.O. Box 821<br>South Bay, FL 33493 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>DIXON, OLA M<br>160 N.W. 6TH AVE<br>SOUTH BAY, FL 33493 <input type="checkbox"/> Delete                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | DT<br>BROCKMAN, JOHN<br>1030 MARTIN L KING BLVD<br>SOUTH BAY, FL 33493 <input type="checkbox"/> Delete         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>HASLEM, WILLIE<br>302 B S SHORE VILLAGE<br>CLEWISTON, FL 33440 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | DT<br>HARTLEY, JOSEPHINE<br>440 JIMMIE LOU CT.<br>SOUTH BAY, FL <input type="checkbox"/> Delete                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| 12. I hereby certify that the information supplied with this filing does not qualify 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 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: <i>Pearlie M. Moore - Pearlie M. Moore</i>   |  | Date: <i>1/10/05</i>  | Daytime Phone #: <i>561-993-0003</i>   |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |  |   |  |