


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # N96000000229


1. Entity Name
 GREATER UNION MISSIONARY BAPTIST CHURCH, INC.



Principal Place of Business Mailing Address

249 NW 9TH AVE P O BOX 784
 SOUTH BAY, FL SOUTH BAY, FL 33493

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01102007 No Chg-NP CR2E037 (4/06)

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

6. Name and Address of Current Registered Agent

REESE, CHARLIE E
 12060 ORANGE GROVE BLVD
 ROYAL PALM BEACH, FL 33411

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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) DATE _____

**Filing Fee is \$61.25
 Due by May 1, 2007**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LESTER, JAMES
STREET ADDRESS	PO BOX 1456
CITY-ST-ZIP	BELLE GLADE, FL 33430
TITLE	DS
NAME	BROCKMAN, KATHERINE
STREET ADDRESS	1030 MARTIN L. KING BLVD
CITY-ST-ZIP	SOUTH BAY, FL
TITLE	D
NAME	DIXON, OLA M
STREET ADDRESS	160 N.W. 6TH AVE
CITY-ST-ZIP	SOUTH BAY, FL 33493
TITLE	DT
NAME	BROCKMAN, JOHN
STREET ADDRESS	1030 MARTIN L KING BLVD
CITY-ST-ZIP	SOUTH BAY, FL 33493
TITLE	D
NAME	MOORE, PEARLIE M
STREET ADDRESS	P.O. BOX 821
CITY-ST-ZIP	SOUTH BAY, FL 33493
TITLE	DT
NAME	HARTLEY, JOSEPHINE
STREET ADDRESS	440 JIMMIE LOU CT.
CITY-ST-ZIP	SOUTH BAY, FL

U00000596375
 01/23/07-80076-021 70.00

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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: *Charlie E. Reese - Pearlle M. Moore* Date: *1/19/07* Daytime Phone #: *(561) 261-1094*