

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 08, 2004 8:00 am
Secretary of State

07-08-2004 90097 007 ****70.00

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1. Entity Name
**GREATER BLESSED ASSURANCE APOSTOLIC TEMPLE,
INC.**



Principal Place of Business
**1009 S. FISKE
ROCKLEDGE, FL 32955**

Mailing Address
**1426 LAKE DR
1009 S. FISKE
ROCKLEDGE, FL 32955
32922**

11011001



DO NOT WRITE IN THIS SPACE

06282004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3123363

Applied For
Not Applicable

5. Certificate of Status Desired: ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**JONES, SYLVESTER V
808 TOPAZ DR
ROCKLEDGE, FL 32955**

**DO NOT WRITE
IN THIS SPACE**

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 *Sylvester V. Jones* **SYLVESTER V. JONES**

6-17-04

**Filing Fee is \$61.25
Due by September 8, 2004**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
WIGGINS, OLA B
106 TAYLOR ST
TENNILLE, GA**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
JONES, JOYCE D
808 TOPAZ DR
ROCKLEDGE, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SHAFFER, BERNICE
1520 COUNTY CLUB BLVD
ROCKLEDGE, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BRYANT, RAYMOND J
814 PINE SHADOW AVE
ROCKLEDGE, FL 32955**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BRYANT, VICKIE
814 PINE SHADOW AVE
ROCKLEDGE, FL 32955**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BAILER, SADIE
1009 S FISKE BLVD
ROCKLEDGE, FL 32955**

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IN THIS SPACE**

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: *Sylvester Jones* **SYLVESTER V. JONES** **6-17-04** **(321)
543-1386**