

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005540

FILED
May 01, 2009
Secretary of State

Entity Name: GREATER BLESSED ASSURANCE APOSTOLIC TEMPLE, INC.

Current Principal Place of Business:

1009 S. FISKE
ROCKLEDGE, FL 32955

New Principal Place of Business:

Current Mailing Address:

1009 S. FISKE
ROCKLEDGE, FL 32955

New Mailing Address:

FEI Number: 59-3123363 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

JONES, SYLVESTER DR.
1009 S. FISKE BLVD
ROCKLEDGE, FL 32955 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: T () Delete
Name: JONES, JOYCE D MRS.
Address: 1230 SERENGETI WAY
City-St-Zip: ROCKLEDGE, FL 32955 US

Title: T () Delete
Name: WIGGINS, OLA B MRS.
Address: 3303 HIGHWAY 68
City-St-Zip: TENNILLE, GA 31089

Title: D () Delete
Name: JONES, LAMAR MR.
Address: 1009 S. FISKE BLVD
City-St-Zip: ROCKLEDGE, FL

Title: D () Delete
Name: WIGGINS, ROOSEVELT MR.
Address: 1704 BOWLING GREEN TRAIL
City-St-Zip: RALEIGH, NC 27613 US

Title: D () Delete
Name: BERNARD, EDWIN MR.
Address: 2824 TULANE DR.
City-St-Zip: COCOA, FL 32926

Title: T () Delete
Name: JONES, JUSTIN MR.
Address: 1230 SERENGETI WAY
City-St-Zip: ROCKLEDGE, FL 32955

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:

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: MERTYCE WILSON

D

05/01/2009

Electronic Signature of Signing Officer or Director

Date