

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005540

FILED
Apr 30, 2012
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 (X)

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: VP
Name: JONES, JOYCE D
Address: 1230 SERENGETI WAY
City-St-Zip: ROCKLEDGE, FL 32955 US

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

Title: P
Name: JONES, SYLVESTER
Address: 1009 S. FISKE BLVD
City-St-Zip: ROCKLEDGE, FL

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

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

Title: T
Name: BRYANT, RAYMOND MR.
Address: 1938 OSPREY ST
City-St-Zip: ROCKLEDGE, FL 32955

I hereby 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 all other like empowered.

SIGNATURE: SYLVESTER JONES

P

04/30/2012

Electronic Signature of Signing Officer or Director

Date