


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 07, 2005 08:00 AM
Secretary of State

DOCUMENT # N97000000515	
1. Entity Name GREATER WORKS CHRISTIAN CENTER, INC.	

Principal Place of Business 2617 BETHUNE ROAD MIMS FL 32754	Mailing Address POST OFFICE BOX 707 MIMS FL 32754
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/04)

4. FEI Number 59-3432447		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent TOOLEY, EARLEAN R 2541 BETHUNE ROAD MIMS FL 32754

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	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 <i>Earlean R. Tooley</i> <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE <i>2/27/05</i> <small>NOTE: Registered Agent signature required when reinstating</small>

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> Delete
NAME	TOOLEY, BRETT A
STREET ADDRESS	2541 BETHUNE RD
CITY-ST-ZIP	MIMS FL 32754
TITLE	<input type="checkbox"/> Delete
NAME	MCCLAM, BELINDA
STREET ADDRESS	1615 CRAIG STREET
CITY-ST-ZIP	TITUSVILLE FL 32754
TITLE	<input type="checkbox"/> Delete
NAME	BURRY, KAREN
STREET ADDRESS	709 29TH CT E
CITY-ST-ZIP	BRADENTON FL 34208
TITLE	<input type="checkbox"/> Delete
NAME	TOOLEY, EARLEAN R
STREET ADDRESS	2541 BETHUNE ROAD
CITY-ST-ZIP	MIMS FL 32754
TITLE	<input type="checkbox"/> Delete
NAME	MEANS, TRACEY M
STREET ADDRESS	P.O. BOX 641
CITY-ST-ZIP	MIMS FL 32754
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	U000000254998
STREET ADDRESS	03/07/05-80096-021 61.25
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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.	
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SIGNATURE: <i>Earlean R. Tooley</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE: <i>2/27/05</i> <small>Date</small>	Daytime Phone #
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