2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N97000000625

1. Entity Name
GREATER FAITH TEMPLE, FIRST BORN CHURCH OF COCONUT GROVE, FLORIDA, INC.

Principal Place of Business	Mailing Address
3840 FLORIDA AVENUE MIAMI, FL 33133	C/O DOROTHY N. WASHINGTON, PASTOR 14132 S.W. 110TH AVENUE MIAMI, FL 33176

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03192007 No Chg-NP   CR2E037 (4/06)

4. FEI Number	Applied For
65-0726764	Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WASHINGTON, DOROTHY M
14132 S.W. 110TH AVE.
MIAMI, FL 33176

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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 _____

Signature, typed or printed name of registered agent and title if applicable.   (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

U000006807 75
04/04/07-80012-021 140.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FLETCHER, VERNON
STREET ADDRESS	21624 S.W. 98TH PLACE
CITY-ST-ZIP	MIAMI, FL 33190
TITLE	VPD
NAME	WASHINGTON, DOROTHY M
STREET ADDRESS	14132 S.W. 110TH AVE.
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	STD
NAME	WASHINGTON, JOE L
STREET ADDRESS	14132 S.W. 110TH AVE.
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _Dorothy Wash_   3/21/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #