

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005216

FILED  
Apr 21, 2009  
Secretary of State

Entity Name: GREATER LIFE ASSEMBLY OF GOD, INC.

## Current Principal Place of Business:

145 W BROADWAY AVE  
OVIEDO, FL 32765

## New Principal Place of Business:

## Current Mailing Address:

145 W BROADWAY AVE  
OVIEDO, FL 32765

## New Mailing Address:

FEI Number: 59-3476302

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GOOD, JEFF S  
145 W BROADWAY AVE  
OVIEDO, FL 32765 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: D ( ) Delete  
Name: GOOD, JEFF  
Address: 415 NORWOOD CT  
City-St-Zip: OVIEDO, FL 32765

Title: O ( ) Delete  
Name: BOLDMAN, DAVID  
Address: 2849 N. MORNINGSIDE CT  
City-St-Zip: OVIEDO, FL 32765

Title: O ( ) Delete  
Name: TINGLE, FRAN  
Address: 282 IVEY LN.  
City-St-Zip: CASSELBERRY, FL 32707 US

Title: O ( ) Delete  
Name: KAISER, HENRY  
Address: 713 TERRACE  
City-St-Zip: OVIEDO, FL 32765 US

Title: O (X) Delete  
Name: ANDREWS, MAGGIE  
Address: 1027 WINTER SPRINGS BLVD  
City-St-Zip: WINTER SPRINGS, FL 32708

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: O (X) Change ( ) Addition  
Name: ANDREWS, MAGGIE  
Address: 1027 WINTER SPRINGS BLVD  
City-St-Zip: WINTER SPRINGS, FL 32708

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: JEFF GOOD

D

04/21/2009

Electronic Signature of Signing Officer or Director

Date