

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005449

FILED
Jun 22, 2007
Secretary of State

Entity Name: GREATER LIFE FELLOWSHIP MINISTRIES INC.

Current Principal Place of Business:

2008 PINEAPPLE AVENUE
MELBOURNE, FL 32935 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2941
MELBOURNE, FL 329012941

New Mailing Address:

FEI Number: 59-3460519 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
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:

Name and Address of New Registered Agent:

FRINK, CLEAVE S
3215 S REDWOOD LANE
MELBOURNE, FL 32901 US

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: LITTLE, MORRELL
Address: 817 JUANITA CIRCLE
City-St-Zip: MELBOURNE, FL 32901

Title: T () Delete
Name: FRINK, FRONITTA
Address: 3215 REDWOOD LANE
City-St-Zip: MELBOURNE, FL 32901

Title: T () Delete
Name: LITTLE, MARY
Address: 817 JUANITA CIRCLE
City-St-Zip: MELBOURNE, FL 32901

Title: P () Delete
Name: FRINK, CLEAVE S
Address: 3215 REDWOOD LANE
City-St-Zip: MELBOURNE, FL 32901

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:

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: CLEAVE S. FRINK, PASTOR/AGENT

AGEN

06/22/2007

Electronic Signature of Signing Officer or Director

Date