


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 23, 2006 08:00 AM**  
**Secretary of State**

|   |   |   |  |   |  |
|---|---|---|--|---|--|
| <b>DOCUMENT # N98000000465</b><br>1. Entity Name<br><b>GREATER LIFE FELLOWSHIP MINISTRY, INC.</b>   |   |   |  |    |  |
| Principal Place of Business<br><b>1445 NORTH MANGONIA DRIVE<br/>WEST PALM BEACH FL 33401</b>  |   |   | Mailing Address<br><b>1445 NORTH MANGONIA DRIVE<br/>WEST PALM BEACH FL 33401</b> |   |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.   |   |   | 3. Mailing Address<br>Suite, Apt. #, etc.  |   |  |
| City & State  |   |   | City & State   |   |  |
| Zip   |   | Country   |  | 4. FEI Number<br><b>NO-T APPLICABLE</b>   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |   | <b>\$8.75 Additional Fee Required</b>   |  |   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>CAMERON, DAMONE L<br/>1445 NORTH MANGONIA DRIVE<br/>WEST PALM BEACH FL 33401</b>  |   |   |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b></span> 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 _____<br><small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renewing)</small>   |   |   |  |   |  |
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2006</b>  |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be Added to Fees</b>  |  |
| <b>Make Check Payable to Florida Department of State</b>  |   |   |  |   |  |
| 10. OFFICERS AND DIRECTORS  |   |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                            |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | DVP<br>HICKMAN, LINDA<br>1445 NORTH MANGONIA DR<br>WEST PALM BEACH FL 33401 | <input type="checkbox"/> Delete   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | DP<br>CAMERON, DAMONE<br>2201 AVE F<br>RIVERA BCH FL 33404                  | <input type="checkbox"/> Delete   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | S<br>CAMERON, BRIDGETTE<br>2201 AVE F<br>RIVERA BCH FL                      | <input type="checkbox"/> Delete   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | T<br>DARLING, SALLY C<br>1837 HILTONIA DR<br>WPB FL                         | <input type="checkbox"/> Delete   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |   |  |   |  |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Damone Cameron* *Damone Cameron* 2/13/06 (SL) 933-5790