2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003251

FILED Sep 16, 2009 Secretary of State

Entity Name: GREATER NEW HOPE MISSIONARY BAPTIST CHURCH OF PAHOKEE, INC.

Current Principal Place of Business: New Principal Place of Business: 100 EAST DR MARTIN L KING JR BLVD PAHOKEE, FL 33476 **Current Mailing Address: New Mailing Address:** 230 WEST DR MARTIN L KING JR BLVD PAHOKEE, FL 33476 FEI Number: 65-0675087 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () 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: JACKSON, MARY E 230 WEST DR MARTIN LUTHER KING JR BLVD PAHOKEE, FL 33476 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete BOLDIN, ULYSSES L MCKELTON, SYDNEY Name: Name: 498 EAST 3RD STREET Address: 8675 GREGORY WAY, #07 Address: City-St-Zip: PAHOKEE, FL 33476 US City-St-Zip: PAHOKEE, FL 33476 US Title: () Delete Title: () Change () Addition KILLINGSWORTH, WILLIE J Name: Name: Address: 323 BANYAN AVE Address: City-St-Zip: PAHOKEE, FL 33476 US City-St-Zip: Title: VC. () Delete Title: D,VC (X) Change () Addition BOSTIC, ALBERT BOSTIC, ALBERT Name: Name: 264 NW 9TH STREET Address: Address: 264 NW 9TH STREET City-St-Zip: BELLE GLADE, FL 33430 US City-St-Zip: BELLE GLADE, FL 33430 US Title: () Delete Title: () Change () Addition Name: JACKSON, MARY E Name: 230 WEST DR MARTIN L KING JR BLVD Address: Address: City-St-Zip: PAHOKEE, FL 33476 City-St-Zip: Title: Title: () Delete () Change () Addition FLETCHER, LUCILLE B Name: Name: 849 SOUTHEAST 1ST ST Address: Address: City-St-Zip: BELLE GLADE, FL 33430 City-St-Zip: Title: () Delete Title: () Change (X) Addition HICKS, FREDDIE L Name: Name: Address: Address: 502 FARM PLACE PAHOKEE, FL 33476 US City-St-Zip: 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: MARY E. JACKSON S 09/16/2009