2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006652

Title:

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FILED Mar 07, 2006 Secretary of State

Entity Name: GREATER NEW BIRTH MISSIONARY BAPTIST CHURCH, INC.

Current Principal Place of Business: New Principal Place of Business: 195 TALLULAH AVE JACKSONVILLE, FL 32208 **Current Mailing Address: New Mailing Address:** P O BOX 40801 JACKSONVILLE, FL 32203 FEI Number: 31-1637938 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WHITE, LEVI JR. KING, PAMELA 7186 LÚCKY DR W. 873 CHALMET LANE JACKSONVILLE, FL 32208 US JACKSONVILLE, FL 32218 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: PAMELA KING 03/07/2006 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition WHITE, LEVI JR. HARRIS, BOBBY Name: Name: 7186 LUCKY DR. W. Address: 1484 WEST 10TH STREET Address: City-St-Zip: JACKSONVILLE, FL 32208 City-St-Zip: JACKSONVILLE, FL 32209 Title: DT () Delete Title: (X) Change () Addition KING, PAMELA Name: KING, PAMELA Name: Address: 873 CHALMET LANE Address: 873 CHALMET LANE City-St-Zip: JACKSONVILLE, FL 32218 City-St-Zip: JACKSONVILLE, FL 32218 Title: () Delete Title: () Change () Addition BUGGS, CHARLIE Name: Name: 7220 PICKETT ROAD Address: Address: City-St-Zip: JACKSONVILLE, FL 32208 City-St-Zip: Title: () Delete Title: () Change () Addition Name: SAMPSON, ATHER Name: Address: 1007 E 5TH STREE Address: City-St-Zip: JACKSONVILLE, FL 32206 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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

Title:

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Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

DV

JACKSON, JIM

BUGGS, VICKY

6110 DUNMIRE AVE

7220 PICKETT ROAD JACKSONVILLE, FL 32208

JACKSONVILLE, FL 32219

(X) Change () Addition

() Change (X) Addition

SIGNATURE: PAMELA KING DP 03/07/2006

above, or on an attachment with an address, with all other like empowered.

() Delete

() Delete

JACKSON, JIM

6110 DUNMIRE AVE

JACKSONVILLE, FL 32219