2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 28, 2007
Secretary of State

DOCUMENT# N98000006652

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

Current Principal Place of Business:

195 TALLULAH AVE
JACKSONVILLE, FL 32208

New Principal Place of Business:

Current Mailing Address:

P O BOX 40801
JACKSONVILLE, FL 32203

New Mailing Address:

195 TALLULAH AVE
JACKSONVILLE, FL 32208

FEI Number: 31-1637938 **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:

KING, PAMELA
873 CHALMET LANE
JACKSONVILLE, FL 32218 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:	HARRIS, BOBBY	
Address:	1484 WEST 10TH STREET	
City-St-Zip:	JACKSONVILLE, FL 32209	
Title:	DP	( ) Delete
Name:	KING, PAMELA	
Address:	873 CHALMET LANE	
City-St-Zip:	JACKSONVILLE, FL 32218	
Title:	D	( ) Delete
Name:	BUGGS, CHARLIE	
Address:	7220 PICKETT ROAD	
City-St-Zip:	JACKSONVILLE, FL 32208	
Title:	D	( ) Delete
Name:	SAMPSON, ATHER	
Address:	1007 E 5TH STREE	
City-St-Zip:	JACKSONVILLE, FL 32206	
Title:	DV	( ) Delete
Name:	JACKSON, JIM	
Address:	6110 DUNMIRE AVE	
City-St-Zip:	JACKSONVILLE, FL 32219	
Title:	D	( ) Delete
Name:	BUGGS, VICKY	
Address:	7220 PICKETT ROAD	
City-St-Zip:	JACKSONVILLE, FL 32208	

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:	
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: PAMELA D KING DP 06/28/2007
Electronic Signature of Signing Officer or Director — Date