


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 A
Secretary of State

DOCUMENT # N99000001752 1. Entity Name GREATER LOVE CHRISTIAN CENTER, INC.	
------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------

Principal Place of Business 1109 N. FRANKLIN STREET PLANT CITY, FL 33563	Mailing Address 2306 N. HAROLD AVE TAMPA, FL 33607
----------------------------------------------------------------------------------------	------------------------------------------------------------------

DO NOT WRITE IN THIS SPACE



02272007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3595199	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ECHOLS, B. FRANKLIN DR 2306 NORTH HAROLD AVENUE TAMPA, FL 33607

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
-----------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ECHOLS, MASSALENA REV 2306 NORTH HAROLD AVE. TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CT BUXTON, CATHERINE SIS 3935 CREEK WOOD DRIVE PLANT CITY, FL 33567
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ECHOLS, B.FRANKLIN DR. SP 2306 N. HAROLD AVE. TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U000000747967
05/17/07-80048-003 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 lines empowered.

SIGNATURE:  **April 26, 2007** (813) 876-1071
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone