

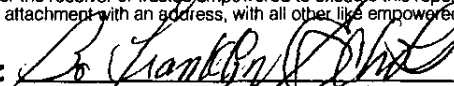


FILED
Apr 09, 2008 08:00 A
Secretary of State

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		 01262008 No Chg-NP CR2E037 (4/06)	
		4. FEI Number 59-3595199	
		Applied For 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		1000000988677 04/22/08-80032-007 51 25	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
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			
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 like empowered.			
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date April 7, 2008 Daytime Phone # (813) 876-1071	