2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# N99000001858

Entity Name: GREAT COMMISSION INTERNATIONAL MINISTRIES INC.

Current Principal Place of Business:

5039 ANDREW ROBINSON DR.
JACKSONVILLE, FL 32209

New Principal Place of Business:

Current Mailing Address:

5039 ANDREW ROBINSON DR.
JACKSONVILLE, FL 32209

New Mailing Address:

FEI Number: 59-3615820 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DENSON, NORMAN
5039 ANDREW ROBINSON DR.
JACKSONVILLE, FL 32209 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: DP ( ) Delete
Name: DENSON, NORMAN
Address: 5039 ANDREW ROBINSON DR.
City-St-Zip: JACKSONVILLE, FL 32209

Title: DVP ( ) Delete
Name: DENSON, WILLIE JR
Address: 5039 ANDREW ROBINSON DR.
City-St-Zip: JACKSONVILLE, FL 32209

Title: DS ( ) Delete
Name: FELIX, THOMAS III
Address: 1439 BRETON RD
City-St-Zip: JACKSONVILLE, FL 32208

Title: MGRD ( ) Delete
Name: DENSON, ROSALYN
Address: 5039 ANDREW ROBINSON DR.
City-St-Zip: JACKSONVILLE, FL 32209

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: MGRD (X) Change ( ) Addition
Name: DENSON, MARCUS
Address: 5039 ANDREW ROBINSON DR.
City-St-Zip: JACKSONVILLE, FL 32209

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: NORMAN DENSON DP 04/29/2009

Electronic Signature of Signing Officer or Director — Date