2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004174

Entity Name: GREATER FAITH A.M.E. ZION CHURCH, INC.

FILED Feb 05, 2005 Secretary of State

Current Principal Place of Business:	New Principal Place of Business

1075 IVEY LANE SOUTH ORLANDO, FL 32811

Current Mailing Address: New Mailing Address:

P.O. BOX 585722 ORLANDO, FL 32858

FEI Number: 59-3490067 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MAYS-HARDY, REV. DAWN
512 ARBOR LAKES CIRCLE
SANFORD, FL 32771 US
HAYNES, REV. RANDOLPH
1009 W. KALEY STREET
ORLANDO, FL 32805 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: RANDOLPH HAYNES 02/05/2005

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: SD () Delete Title: () Change () Addition

 Name:
 WHITEURS, PAUL L
 Name:

 Address:
 7039 BLACKARD ROAD
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32211
 City-St-Zip:

Title: PAST () Delete Title: PAST (X) Change () Addition Name: MAYS-HARDY, REV. DAWN Name: HAYNES, REV. RANDOLPH Address: 512 ARBOR LAKES CIRCLE Address: 1009 KALEY STREET City-St-Zip: SANFORD, FL 32771 City-St-Zip: ORLANDO, FL 32805

Title: TRCP () Delete Title: TRCP (X) Change () Addition

Name: PINKETT, CHARLOTTE Name: WINT, KAREN

 Address:
 1556 MARGARETE CRESCENT DR.
 Address:
 2706 WOODBRIDGE LANE

 City-St-Zip:
 APOPKA, FL 32703
 City-St-Zip:
 ORLANDO, FL 32808

Title: STEW () Delete Title: STEW (X) Change () Addition Name: TOLLIVER, ARTRIA Name: PINKETT, CHARLOTTE Address: 7026 LAKE LONG DR. Address: 1556 MARGARETE CRESCENT DR.

City-St-Zip: ORLANDO, FL 328198 City-St-Zip: APOPKA, FL 32703

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: KAREN WINT TRCP 02/05/2005