2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # N01000001869

1. Entity Name
THE GLORY TEAM REACH OUT AND TOUCH MINISTRY, INC., INTERNATIONAL

Principal Place of Business	Mailing Address
1101 WEST MARTIN LUTHER KING JR. BLVD SUITE 1101 SEFFNER, FL 33584	PO BOX 1162 BRANDON, FL 33509-1162

DO NOT WRITE IN THIS SPACE

04242004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3703958
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MCCALLA, IDA M
1121 GRAHAM DRIVE
BRANDON, FL 33511

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

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000139039
04/29/04-80105-014 70.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MILLS, VENORIA N
STREET ADDRESS	831 TUSCANNY ST
CITY-ST-ZIP	BRANDON, FL 33511
TITLE	D
NAME	MCCALLA, IDA M
STREET ADDRESS	1121 GRAHAM DRIVE
CITY-ST-ZIP	BRANDON, FL 33511
TITLE	D
NAME	LEWINSON, MARONA P
STREET ADDRESS	8310 KLONDYKE ST
CITY-ST-ZIP	TAMPA, FL 33604
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. *I hereby certify that the information supplied with this filing does not qualify 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 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: Ida M McCalla Ida M. McCalla 4-24-04 (813)784-1649
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #