

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90998 024 \*\*\*\*70.00

0082103

**DOCUMENT # NO1000001869**

1. Entity Name

**THE GLORY TEAM REACH OUT AND TOUCH MINISTRY, INC  
., INTERNATIONAL**



Principal Place of Business

**831 TUSCANNY ST  
BRANDON FL 33594**

Mailing Address

**PO BOX 1162  
BRANDON FL 33509-1162**

2. Principal Place of Business

**1101 W. Martin Luther King Jr. Blvd**

3. Mailing Address

Suite, Apt. #, etc.

City & State

Suite, Apt. #, etc.

**Suite 1101**

City & State

**Seffner, FL**

Zip

**33584**

Country

**Hillsborough**

Zip

Country

4. FEI Number **59-3703958**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**MCCALLA, IDA M  
1811 STERLING PALMS CT  
APT 103  
BRANDON FL 33511**

7. Name and Address of New Registered Agent

Name **McCalla, Ida M.**

Street Address (P.O. Box Number is Not Acceptable)  
**1121 Graham Drive**

City **Brandon,**

**FL**

Zip Code

**33511-5836**

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

**Ida M. McCalla, Ida M. McCalla, Minister 4-28-03**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **MILLS, VENORIA N.**  
STREET ADDRESS **831 TUSCANNY ST**  
CITY-ST-ZIP **BRANDON FL 33511**

TITLE **D** ☐ Delete  
NAME **MCCALLA, IDA M**  
STREET ADDRESS **1811 STERLING PALMS CT APT #103**  
CITY-ST-ZIP **BRANDON FL 33511**

TITLE **D** ☐ Delete  
NAME **LEWISON, MARONA P**  
STREET ADDRESS **8310 KLONDYKE ST**  
CITY-ST-ZIP **TAMPA FL 33604**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☒ Change ☐ Addition  
NAME **McCalla, Ida M.**  
STREET ADDRESS **1121 Graham Drive**  
CITY-ST-ZIP **Brandon, FL 33511-5836**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 4-28-03 (813) 486-1649**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Ordinary Phone #

CR2E037 (10/02)