
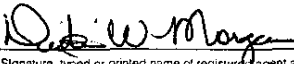



**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90262 049 \*\*\*\*70.00

<b>DOCUMENT # N03000009647</b>					
1. Entity Name FOR THE GLORY OF CHRIST MINISTRY, INC.					
Principal Place of Business 1860 NW 185TH STREET MIAMI, FL 33056		Mailing Address 1860 NW 185TH STREET MIAMI, FL 33056		94073202	
2. Principal Place of Business 17221 N.W 37 <sup>th</sup> COURT Suite, Apt. #, etc.		3. Mailing Address 17221 NW 37 <sup>th</sup> COURT Suite, Apt. #, etc.			
City & State Miami Florida		City & State Miami FL		4. FEI Number 20-0398977	
Zip 33055		Zip 33055		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MORGAN, DEXTER 1860 NW 185TH STREET MIAMI, FL 33056			7. Name and Address of New Registered Agent Name DEXTER MORGAN Street Address (P.O. Box Number is Not Acceptable) 17221 NW 37 <sup>th</sup> COURT City Miami FL Zip Code 33055		
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 		(NOTE: Registered Agent signature required when reinstating)		DATE 4-26-04	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORGAN, DEXTER 1860 NW 185TH STREET MIAMI, FL 33056	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MORGAN, DEXTER 17221 NW 37 <sup>th</sup> COURT Miami FL 33055	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCGRUFF, JANIE M 2720 NW 208TH TERRACE MIAMI, FL 33056	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEATHERSBY, LINDSEY D 670 FLORIDA STREET ROXIE, MS 39661	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMALL, CARLTON 9630 NW 2ND STREET PEMBROKE PINES, FL 33024	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BODDIE, FRANK L 14 DODGE STREET NEW BRITAIN, CT 06053	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 				DATE 4-26-04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	
				Daytime Phone #	