


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 11, 2005 8:00 am**  
**Secretary of State**

04-11-2005 90191 045 \*\*\*\*75.00

**DOCUMENT # N03000009647**

1. Entity Name  
**FOR THE GLORY OF CHRIST MINISTRY, INC.**



Principal Place of Business  
 17221 N.W. 37TH COURT  
 MIAMI, FL 33055

Mailing Address  
 17221 N.W. 37TH COURT  
 MIAMI, FL 33055

**50036506**

2. Principal Place of Business  
 2651 Paddock Circle  
 Suite, Apt. #, etc.

3. Mailing Address  
 2651 Paddock Circle  
 Suite, Apt. #, etc.



03082005 Chg-NP CR2E037 (10/03)

City & State  
 Crestview, FL

City & State  
 Crestview, FL

Zip  
 32536

Country  
 Okaloosa

Zip  
 32536

Country  
 Okaloosa

4. FEI Number  
 20-0398977

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MORGAN, DEXTER  
 17221 N.W. 37TH COURT  
 OPA LOCKA, FL 33055

7. Name and Address of New Registered Agent

Name  
 Dexter Morgan

Street Address (P.O. Box Number is Not Acceptable)  
 2651 Paddock Circle

City  
 Crestview FL Zip Code  
 32536

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

**Filing Fee is \$61.25  
 Due by May 1, 2005**

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	<input type="checkbox"/> Delete
NAME MORGAN, DEXTER	
STREET ADDRESS 17221 NW 37TH COURT	
CITY-ST-ZIP MIAMI, FL 33055	
TITLE D	<input type="checkbox"/> Delete
NAME MCGRIFF, JANIE M	
STREET ADDRESS 2720 NW 208TH TERRACE	
CITY-ST-ZIP MIAMI, FL 33056	
TITLE D	<input type="checkbox"/> Delete
NAME WEATHERSBY, LINDSEY D	
STREET ADDRESS 670 FLORIDA STREET	
CITY-ST-ZIP ROXIE, MS 39661	
TITLE D	<input type="checkbox"/> Delete
NAME SMALL, CARLTON	
STREET ADDRESS 9630 NW 2ND STREET	
CITY-ST-ZIP PEMBROKE PINES, FL 33024	
TITLE D	<input type="checkbox"/> Delete
NAME BODDIE, FRANK L	
STREET ADDRESS 14 DODGE STREET	
CITY-ST-ZIP NEW BRITAIN, CT 06053	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MORGAN, DEXTER	
STREET ADDRESS 2651 Paddock Circle	
CITY-ST-ZIP Crestview, FL 32536	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:** Dexter Morgan Dexter Morgan 4-05-05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #