

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010828

FILED  
Sep 06, 2005  
Secretary of State

Entity Name: GLORY BOUND MINISTRIES, INC.

## Current Principal Place of Business:

401 S LAKEWOOD AVE  
OCOE, FL 34761

## New Principal Place of Business:

## Current Mailing Address:

401 S LAKEWOOD AVE  
OCOE, FL 34761

## New Mailing Address:

PO BOX 683078  
ORLANDO, FL 32868

FEI Number: 20-0843762      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

BRANCHE, MARY P B  
401 S LAKEWOOD AVE  
OCOE, FL 34761      US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

## OFFICERS AND DIRECTORS:

Title: DP      ( ) Delete  
Name: BRANCHE, MARY P B  
Address: 401 S LAKEWOOD AVE  
City-St-Zip: OCOE, FL 34761

Title: D      ( ) Delete  
Name: DENKINS, SARA  
Address: 4016 LAKE UNDERHILL APT G  
City-St-Zip: ORLANDO, FL 32803

Title: D      ( ) Delete  
Name: BRANCHE, SUSAN  
Address: 1119 SHERRINGTON RD  
City-St-Zip: ORLANDO, FL 32804

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: MARY PB BRANCHE

DP

09/06/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date