2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2007
Secretary of State

DOCUMENT# N03000010828

Entity Name: GLORY BOUND MINISTRIES, INC.

Current Principal Place of Business:

401 S LAKEWOOD AVE
OCOEE, FL 34761

New Principal Place of Business:

Current Mailing Address:

PO BOX 683078
ORLANDO, FL 32868

New Mailing Address:

FEI Number: 20-0843762 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BRANCHE, MARY P B
401 S LAKEWOOD AVE
OCOEE, 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: OCOEE, FL 34761

Title: D ( ) Delete
Name: SAYAD, RICHARD
Address: 4327 PEBBLE CREEK CT
City-St-Zip: SAGINAW, MI 48603

Title: D ( ) Delete
Name: SAYAD, PATRICIA
Address: 4327 PEBBLE CREEK CT
City-St-Zip: SAGINAW, MI 48603

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 Chapter 119, 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 01/10/2007

Electronic Signature of Signing Officer or Director — Date