

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000010828

**FILED**  
**Apr 08, 2011**  
**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 ( )**

**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  
**Name:** BRANCHE, MARY P B  
**Address:** 401 S LAKEWOOD AVE  
**City-St-Zip:** OCOE, FL 34761

**Title:** D  
**Name:** DENKINS, SUSAN  
**Address:** 401 S LAKEWOOD AVE  
**City-St-Zip:** OCOE, FL 34761

**Title:** D  
**Name:** BOATWRIGHT, SARA  
**Address:** 2420 MARZEL AVENUE  
**City-St-Zip:** ORLANDO, FL 32806

I hereby 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 all other like empowered.

**SIGNATURE:** MARY PB BRANCHE

DP

04/08/2011

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

\_\_\_\_\_  
Date