


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90056 006 ****70.00

DOCUMENT # N06000006833

1. Entity Name
GOD'S GLORY INTERNATIONAL MINISTRIES INC



Principal Place of Business
 76 JUDITH LANE
 ORLANDO, FL 32811

Mailing Address
 76 JUDITH LANE
 ORLANDO, FL 32811

2. Principal Place of Business - No P.O. Box #
537 South Central Ave. P.O. Box 58517

3. Mailing Address
 Suite, Apt. #, etc.

City & State
AROPA, FL

City & State
Orlando FL

Zip
32803

Zip
32789

Country
Orange

Country
Orange

400300--



04062007 Chg-NP CR2E037 (12/06)

4. FEI Number
20-5064679

Applied For
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

JONES, HERBERT
76 JUDITH LANE
ORLANDO, FL 32811

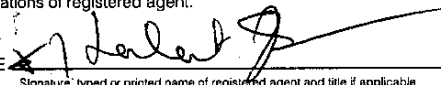
7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

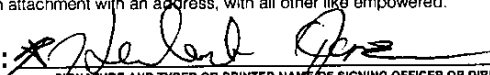
10. OFFICERS AND DIRECTORS

TITLE	B	<input type="checkbox"/> Delete
NAME	JONES, HERBERT BISHIP	
STREET ADDRESS	76 JUDITH LANE	
CITY-ST-ZIP	ORLANDO, FL 32811	
TITLE	D	<input type="checkbox"/> Delete
NAME	JONES, BRIDGET SR.PAS	
STREET ADDRESS	76 JUDITH LANE	
CITY-ST-ZIP	ORLANDO, FL 32811	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JONES, GLORY PASTOR	
STREET ADDRESS	76 JUDITH LANE	
CITY-ST-ZIP	ORLANDO, FL 32811	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CASSUSES, BARBRA MOTHER	
STREET ADDRESS	76 JUDITH LANE	
CITY-ST-ZIP	ORLANDO, FL 32811	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PARKER, CHRISTINA PROFORI	
STREET ADDRESS	76 JUDITH LANE	
CITY-ST-ZIP	ORLANDO, FL 32811	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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 exemptions contained 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 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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #