

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20870

FILED  
Apr 29, 2005  
Secretary of State

**Entity Name:** CLOUD OF GLORY WORSHIP CENTER, INC.

**Current Principal Place of Business:**

7002 E. MARTIN LUTHER KING BLVD.  
TAMPA, FL 33619 US

**New Principal Place of Business:**

**Current Mailing Address:**

7002 E. MARTIN LUTHER KING BLVD.  
TAMPA, FL 33619 US

**New Mailing Address:**

**FEI Number:** 59-2815714

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TAYLOR, NATHAN J.  
P. O. BOX 89714  
TAMPA, FL 33689 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: PD ( ) Delete  
Name: TAYLOR, NATHAN J.,  
Address: P. O. BOX 89714  
City-St-Zip: TAMPA, FL 33689

Title: VD ( ) Delete  
Name: WINTON, FELICIA  
Address: 6924 TROUT ST.  
City-St-Zip: TAMPA, FL 33617

Title: TB ( ) Delete  
Name: HARGROVE, KATHERINE  
Address: 7309 LEON AVE.  
City-St-Zip: TAMPA, FL 33612

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VD (X) Change ( ) Addition  
Name: WINTONS, FELECIA  
Address: 6924 TROUT ST.  
City-St-Zip: TAMPA, FL 33617

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: FELECIA A. WINTONS

VD

04/29/2005

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

\_\_\_\_\_  
Date