

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 04, 2006
Secretary of State**

DOCUMENT# N98000003434

Entity Name: GLEN CLARK MINISTRIES, INC.

Current Principal Place of Business:

3110 SO. TURKEY CREEK RD.
PLANT CITY, FL 335662069

New Principal Place of Business:

Current Mailing Address:

3110 SO. TURKEY CREEK RD.
PLANT CITY, FL 335662069

New Mailing Address:

FEI Number: 59-3552325 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLARK, GLEN
3110 SO. TURKEY CREEK RD.
PLANT CITY, FL 335662069 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: CLARK, GLEN
Address: 3110 SO. TURKEY CREEK RD.
City-St-Zip: PLANT CITY, FL 335662069

Title: DST () Delete
Name: CLARK, LINDA M
Address: 3110 SO. TURKEY CREEK RD.
City-St-Zip: PLANT CITY, FL 335662069

Title: DVP () Delete
Name: JOHNSON, JEAN E
Address: 127 N.E. 1ST ST.
City-St-Zip: SATELLITE BEACH, FL 32937

Title: D () Delete
Name: KEENEN, MARY J
Address: 2736 DERBYSHIRE AVE
City-St-Zip: LAKELAND, FL 33803

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:

Title: D (X) Change () Addition
Name: KEENEN, MARY J
Address: 1014 THOMAS RD.
City-St-Zip: LAKELAND, FL 33809

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: LINDA M. CLARK

DST

02/04/2006

Electronic Signature of Signing Officer or Director

Date