

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003434

FILED  
Apr 28, 2008  
Secretary of State

Entity Name: GLEN CLARK MINISTRIES, INC.

**Current Principal Place of Business:**

127 N.E. FIRST ST.  
SATELLITE BEACH, FL 32937

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1707  
PLANT CITY, FL 335641707

**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:**

CLARK, GLEN  
127 N.E. FIRST STREET  
SATELLITE BEACH, FL 32937 US

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:

04/28/2008

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: 1014 THOMAS RD.  
City-St-Zip: LAKELAND, FL 33809

Title: D ( ) Delete  
Name: CLARK, DANIELE J  
Address: 127 N.E. FIRST ST.  
City-St-Zip: SATELLITE BEACH, FL 32937

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

Title: DP (X) Change ( ) Addition  
Name: CLARK, GLEN  
Address: 127 N.E. FIRST STREET  
City-St-Zip: SATELLITE BEACH, FL 32937

Title: DST (X) Change ( ) Addition  
Name: CLARK, LINDA M  
Address: 127 NE FIRST STREET  
City-St-Zip: SATELLITE BEACH, FL 32937

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 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

04/28/2008

Electronic Signature of Signing Officer or Director

Date