

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 14, 2001 8:00 am**  
**Secretary of State**

08-14-2001 90011 043 \*\*\*\*61.25

**DOCUMENT # N99000003930**

1. Entity Name

**GLORY TABERNACLE CHURCH OF GOD INC.**

Principal Place of Business

**253 CONE STREET  
 QUINCY FL**

Mailing Address

**616 3RD STREET  
 QUINCY FL 32351**

*(UK)*

**00061208**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**59-3671855**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**MOORE, EARL L  
 616 3RD ST.  
 QUINCY FL 32351**

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.

SIGNATURE *Earl L. Moore*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*8-10-01*

DATE

**FILE NOW: FEE IS \$61.25**

**After September 12, 2001, min. will be \$236.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>MOORE, EARL L</b>	
STREET ADDRESS	<b>616 3RD STREET</b>	
CITY-ST-ZIP	<b>QUINCY FL 32351</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> Delete
NAME	<b>MOORE, SHIRLEY J</b>	
STREET ADDRESS	<b>616 3RD STREET</b>	
CITY-ST-ZIP	<b>QUINCY FL 32351</b>	
TITLE	<b>MD</b>	<input type="checkbox"/> Delete
NAME	<b>WALKER, DWAN L</b>	
STREET ADDRESS	<b>154 MARTIN ST.</b>	
CITY-ST-ZIP	<b>QUINCY FL 32351</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		
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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 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 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: *Earl L. Moore* **REQUIRED**

*8-10-01*

CR2E037 (5/01)