

FILED
Jun 02, 2002 8:00 am
Secretary of State

04-29-2002 90192 020 ****70.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000003930

1. Entity Name

GLORY TABERNACLE CHURCH OF GOD INC.

Principal Place of Business

Mailing Address

253 GONE STREET
QUINCY FL

616 3RD STREET
QUINCY FL 32351

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3671855

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 *Earl L. Moore*

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

(NOTE: Registered Agent signature required when reinstating)

DATE 4/15/02

FILE NOW:
FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD Delete
NAME MOORE, EARL L
STREET ADDRESS 616 3RD STREET
CITY-ST-ZIP QUINCY FL 32351

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD Delete
NAME MOORE, SHIRLEY J
STREET ADDRESS 616 3RD STREET
CITY-ST-ZIP QUINCY FL 32351

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MD Delete
NAME WALKER, DWAN L
STREET ADDRESS 154 MARTIN ST.
CITY-ST-ZIP QUINCY FL 32351

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME FAWANA SMITH
STREET ADDRESS 117 SOUTH MALCOLM ST.
CITY-ST-ZIP QUINCY FL 32351

TITLE Change Addition
NAME FAWANA SMITH
STREET ADDRESS 117 SOUTH MALCOLM ST.
CITY-ST-ZIP QUINCY, FL 32351

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change 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 EARL L. MOORE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 4/15/02

DAYTIME PHONE # 850-875-9617

CR2E037 (10/00)