


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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**

FILED
04 MAY -4 AM 9:34
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



05052004 No Chg-NP CR2E037 (10/03)

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4. FEI Number 59-3671855	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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: I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
 Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOORE, EARL L 616 3RD STREET QUINCY, FL 32351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MOORE, SHIRLEY J 616 3RD STREET QUINCY, FL 32351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, TAWANA 117 SOUTH MALCOLM ST QUINCY, FL 32351
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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 DATE: 5/5/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #