

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # NO1000001507

1. Entity Name

FOR GOD'S GLORY MINISTRIES, INC.

FILED

May 01, 2002 8:00 am
Secretary of State

05-01-2002 91604 046 ****61.25

Principal Place of Business

11059 LOSCO PINES COURT
JACKSONVILLE FL 32257

Mailing Address

11059 LOSCO PINES COURT
JACKSONVILLE FL 32257

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

52-2310856

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FERRANTI, JOHN L
11059 LOSCO PINES COURT
JACKSONVILLE FL 32257

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE NAME	FERRANTI, JOHN L	<input type="checkbox"/> Delete
STREET ADDRESS	11059 LOSCO PINES COURT	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE NAME	FERRANTI, SOPHIA L	<input type="checkbox"/> Delete
STREET ADDRESS	11059 LOSCO PINES COURT	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE NAME	FERRANTI, GABRIELLE L	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	11059 LOSCO PINES COURT	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	John Chamberlin	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	3935 MANDARIN WOODS DR. N	
CITY-ST-ZIP	JACKSONVILLE FL 32223	
TITLE NAME	Bill Castro	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	CALLE 8 #7-42	
CITY-ST-ZIP	LAMEA, CUNDINAMARCA Colombia	
TITLE NAME	Jim Pena	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	10428 Teral Run Ct.	
CITY-ST-ZIP	JACKSONVILLE FL 32258	
TITLE NAME		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FERRANTI

4/18/02

(904) 886-0128

CR2E037 (9/01)