

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000003434

**FILED**  
**Mar 29, 2019**  
**Secretary of State**  
**6304688953CC**

**Entity Name:** GLEN CLARK MINISTRIES, INC.

**Current Principal Place of Business:**

127 NE FIRST ST.  
SATELLITE BEACH, FL 32937

**Current Mailing Address:**

127 NE FIRST ST.  
SATELLITE BEACH, FL 32937

**FEI Number:** 59-3552325

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CLARK, GLEN  
127 NE 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DP  
Name CLARK, GLEN  
Address 127 NE FIRST STREET  
City-State-Zip: SATELLITE BEACH FL 32937

Title DVP  
Name JOHNSON, JEAN E  
Address 127 NE FIRST STREET  
City-State-Zip: SATELLITE BEACH FL 32937

Title DS  
Name KEENEN, MARY J  
Address PO BOX 92956  
City-State-Zip: LAKELAND FL 33804-2956

Title DT  
Name CLARK, LINDA M  
Address 127 NE 1ST STREET  
City-State-Zip: SATELLITE BEACH FL 32937

Title D  
Name RICHARDS, BILL  
Address 3935 HEILD RD NW  
City-State-Zip: PALM BAY FL 32907

Title D  
Name BLICKENSDEFER, MIKE  
Address 4223 CARTNAL AVE  
City-State-Zip: TAMPA FL 33618-8600

*I hereby 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 all other like empowered.*

**SIGNATURE:** LINDA CLARK

**DT**

**03/29/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date