
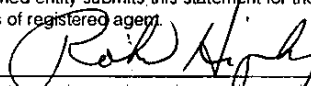
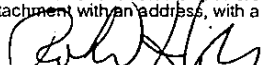


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 01, 2005 8:00 am
Secretary of State

04-01-2005 90007 016 ****61.25

DOCUMENT # 706874					
1. Entity Name GLENDAL COMMUNITY CHURCH					
Principal Place of Business 6411 BEACH BLVD. JACKSONVILLE FL 32216			Mailing Address 6411 BEACH BLVD. JACKSONVILLE FL 32216		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-6211861	
				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 SPEARS, RONALD D 2784 SUNNY BROOK RD. JACKSONVILLE FL 32216				7. Name and Address of New Registered Agent Name Robert D. Higley Street Address (P.O. Box Number is Not Acceptable) 5685 WEBER LANE City JACKSONVILLE FL Zip Code 32207	
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:  Robert D. Higley MANAGING DIRECTOR DATE: 3/24/05					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MC CRAKOW, BILL 1923 BIGGERS RD. JACKSONVILLE FL 32216	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	M ROBERT D. HIGLEY 5685 WEBER LANE JACKSONVILLE FL 32207	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREEN, R 11983 SAVERIO LN JAX FL 32224	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHARLES COLAHAN 8327 BRACKENRIDGE BLVD JACKSONVILLE, FL 32216	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COBD SPEARS, RONALD 2784 SUNNYBROOK RD JACKSONVILLE FL 32216	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JERRY VAUGHAN 6201 SPRING FOREST CIR JACKSONVILLE FL 32216	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DAWKINS, TERRY 7843 HOLIDAY RD. S JACKSONVILLE FL 32216	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  Robert D. Higley			Date: 3/24/05 Daytime Phone #: 731-5474		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					