

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 23, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # 709297**

1. Entity Name  
**THE GLORIOUS COMMUNITY HOLINESS CHURCH OF  
JESUS, OF THE APOSTOLIC FAITH, INC.**



Principal Place of Business  
**1208 HARLEM ACADEMY AVE.  
CLEWISTON, FL 33440**

Mailing Address  
**PO BOX 432  
CLEWISTON, FL 33440**

**DO NOT WRITE IN THIS SPACE**



03162007 No Chg-NP CR2E037 (4/06)

4. FEI Number  
**59-2370760**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**GRANVILLE, T.N.  
1208 HARLEM ACADEMY  
CLEWISTON, FL 33440**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

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  
**P  
GRANVILLE, T. N.  
1208 HARLEM ACADEY AVE.  
CLEWISTON, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
PERRY, SCOTT  
4615 43RD CT.  
VERO BEACH, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
CLARK, ROOSEVELT  
4720 NW 43RD, 19TH CT.  
FT. LAUDERDALE, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
MORGAN, CALMORE  
11638 DAHLIA ST  
ROYAL PALM BEACH, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TD  
RUSHING, CURTIS  
712 GEORGIA AVE  
CLEWISTON, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
TROUPE, VERNA L.  
3150 LAYFETTE STREET  
FT. MYERS, FL**

U00000677170  
03/30/07-80094-003 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *T. N. Granville*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/2007  
Date

863-983-8813  
Daytime Phone #