


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 26, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 709297</b> 1. Entity Name <b>THE GLORIOUS COMMUNITY HOLINESS CHURCH OF JESUS, OF THE APOSTOLIC FAITH, INC.</b>	
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Principal Place of Business <b>1208 HARLEM ACADEMY AVE. CLEWISTON, FL 33440</b>	Mailing Address <b>PO BOX 432 CLEWISTON, FL 33440</b>
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**DO NOT WRITE IN THIS SPACE**



03232008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-2370760</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  <b>GRANVILLE, T.N. 1208 HARLEM ACADEMY CLEWISTON, FL 33440</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>U00000870951 04/09/08-80109-025 70.00</b>
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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

**DO NOT WRITE  
IN THIS SPACE**

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 T. N. Granville 3/22/08 863 983-8813  
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR Date Daytime Phone #