2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 08:00 AM
Secretary of State

DOCUMENT # 713078

1. Entity Name
HIS GLORY, INC.

Principal Place of Business	Mailing Address
1819 JUANITA CT CLEARWATER, FL 33764 US	1819 JUANITA CT CLEARWATER, FL 33764 US

03102004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
71-3078392
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LANCASTER, JAMES W.
1819 JUANITA CT
CLEARWATER, FL 33764

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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: James W. Lancaster PD 3/16/04
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, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000094207
03/22/04-80049-022 61.25

10. OFFICERS AND DIRECTORS

TITLE	SDT
NAME	LANCASTER, IRMA F
STREET ADDRESS	1819 JUANITA CT
CITY-ST-ZIP	CLEARWATER, FL 33764
TITLE	PD
NAME	LANCASTER, JAMES W
STREET ADDRESS	1819 JUANITA CT
CITY-ST-ZIP	CLEARWATER, FL 33764
TITLE	VD
NAME	LANCASTER, JAMES W., JR.
STREET ADDRESS	933 CHAMPAIGN DR.
CITY-ST-ZIP	KENNER, LA 70065
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Irma F. Lancaster SDT 3-16-04 727-531-0209
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #