

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 740965

FILED
Jun 13, 2005
Secretary of State

Entity Name: GLEN CHURCH OF CHRIST, INC.

Current Principal Place of Business:

7556 AUNT MARY HARVEY RD
GLEN ST MARY, FL 32040

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 68
GLEN ST MARY, FL 32040

New Mailing Address:

FEI Number: 59-1833636 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

LANKFORD, ROGER D
14276 LEONARD NORMAN RD.
MACCLENLY, FL 32063 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

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: GRIFFIS, LENCE
Address: PO BOX 1282
City-St-Zip: MACCLENLY, FL 32063

Title: PD () Delete
Name: GRIFFIS, K. FRANKLIN, II
Address: P.O. BOX 564, NA
City-St-Zip: GLEN ST MARY, FL

Title: T () Delete
Name: LANKFORD, ROGER D
Address: 14276 LEONARD NORMAN RD.
City-St-Zip: MACCLENLY, FL 32063

Title: SD () Delete
Name: GOING, THOMAS
Address: 355 CEDAR CREEK FARMS ROAD
City-St-Zip: GLEN SAINT MARY, FL 32040

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: ROGER D. LANKFORD

T

06/13/2005

Electronic Signature of Signing Officer or Director

Date