FILE NOW: FILING FEE IS \$61.25

, NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Arthum

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT # 758311

(5)

THE GLORIOUS CHURCH OF JESUS, INC.

FILED May 19 1998 8:00am Secretary of State

Principal Place of Business		Mailing Address		A TROUTH COARLY BYINDY MOTERN THINNY 1988, 1984 DITCHT BYRIN
HIRVAY 90 EAST US HWY 90. 3 MILES W OF QUINCY QUINCY FL 92332 US		P OBOX 131 US HWY 90. 3 MILES W OF QUINCY GUTNA FL 32332 US		3. Date Incorporated or Qualified 05/12/1981 4. FEI Number NOT APPLICABLE V Not Applied
2. Principal Place of Business		2a. Mailing Address		5. Certificate of Status Desired \$8.75 Additional
Suite, Apt. #. etg.		Suite, Apt. #, etc.		Fee Required
22		27 Suite, Apr. #, etc.		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
City & State		City & State		7. Is this nonprofit corporation a homeowners association?
23		28	4	☐ Yes PNo
Zip 24	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
[24]	25 9. Name and Address of Curren	29 t Registered Agent	30	Personal Property Tax due June 30. Yes 10. Name and Address of New Registered Agent
US HWY 90, 3 MILES WEST OF QUINCY GRETNA FL 32332 84 City				dress (P.O. Box Number is Not Acceptable) Box 345 us Hwy 90 M/ Strag 7/orid a 32.332 FL 85 Zip Code
11. Pursuant office or agent. I a	to the provisions of Sections 617.050 registered agent, or both, in the State am familiar with, and accept the obligation of the state	11. Chelvona		progration submits this statement for the purpose of changing its register ation's board of directors. I hereby accept the appointment as registered purpose of changing its registered programment as registered purpose of changing its registered programment as registered programment.
12.	OFFICERS ANI		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addit
NAME	ROLLINS, BISHOP CLEVE		1.2 NAME	
STREET ADDRESS	P. O. BOX 131, US HWY. 90 GRETNA FL	N/A	1.3 STREET ADDRESS	
CITY-ST-ZIP TITLE	AB	DELETE	1.4 CITY-ST-ZIP	☐ Change ☐ Addit
NAME	DONALDSON, AUTHOR	_	2.2 NAME	
STREET ADDRESS	P.O. BOX 634 N/A		2.3 STREET ADDRESS	
CITY-ST-ZIP	GRETNA FL		2. 4 CITY - ST - ZIP	
TITLE NAME	\$D Re ed, Betty	☐ DELETE	3.1 TITLE 3.2 NAME	Change Addit
STREET ADDRESS	P. O. BOX 693 N/A		3.3 STREET ADDRESS	
CITY-ST-ZIP	GRETNA FL 32332		3.4. CITY-ST-ZIP	
TITLE	8	☐ DELETE	4.1 TITLE	Change Additi
NAME	ROLLINS, JOANNE (ASST)	• • •	4. 2 NAME	
STREET ADDRESS	P. O. BOX 131, US HWY 90 N	I/A	4.3 STREET ADDRESS	
CITY-ST-ZIP TITLE	GRETNA FL	DELETE	4.4 CITY - ST - ZIP 5.1 TITLE	☐ Change ☐ Additi
NAME	GLOVER, ROSA LEE	C DECIL	5.2 NAME	Crienge Auditi
STREET ADDRESS	P. O. BOX 695 N/A		5.3 STREET ADDRESS	
CITY-ST-ZIP	GRETNA FL 32332	·	5.4 CITY-ST-ZIP	
TITLE		DELETE	6.1 TITLE	Change Additi
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP	certify that the information supplied wi	h this filing does not qualify fo	6.4 City-St-ZiP	n Section 119.07(3)(i), Florida Statutes. I further certify that the information
officer or	on this annual report of supplemental	annual report is true and a cci iver or trustee empo wered t o e	urata and that my sionati	ure shall have the same legal effect as if made under oath; that I am an quired by Chapter 617, Florida Statutes; and that my name appears in