

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90046 003 \*\*\*\*75.00

**DOCUMENT # 758311**

1. Entity Name  
**THE GLORIOUS CHURCH OF JESUS, INC.**



Principal Place of Business  
**HIGHWAY 90  
QUINCY, FL 32332 US**

Mailing Address  
**P OBOX 693  
142 PARK STREET  
GRETNA, FL 32332 US**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04082008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-0413950**

Applied For  
Not Applicable

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

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

**7. Name and Address of New Registered Agent**

**HORNE, CATHERINE  
P.O. BOX 745  
52 NORTH 2ND STREET  
GRETNA, FL 32332**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

*Catherine Robbins Horne*

**04-15-08**

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, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☒

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	T	<input type="checkbox"/> Delete
NAME	BENNETT MCCOY, PAMELA	
STREET ADDRESS	3124 HUTTERSFIELD CIRCLE	
CITY-ST-ZIP	TALLAHASSEE, FL 32303	
TITLE	PAST	<input type="checkbox"/> Delete
NAME	REED, BETTY	
STREET ADDRESS	PO BOX 693	
CITY-ST-ZIP	GRETNA, FL 32332	
TITLE	T	<input type="checkbox"/> Delete
NAME	JACKSON, ANNIE	
STREET ADDRESS	PO BOX 301	
CITY-ST-ZIP	GRETNA, FL 32332	
TITLE	TDOD	<input type="checkbox"/> Delete
NAME	GLOVER, WILLIE JR	
STREET ADDRESS	96 SUNSHINE WAY	
CITY-ST-ZIP	QUINCY, FL 32351	
TITLE	T	<input type="checkbox"/> Delete
NAME	BLAIR, SARAH	
STREET ADDRESS	PO BOX 278	
CITY-ST-ZIP	GRETNA, FL 32332	
TITLE	TS	<input type="checkbox"/> Delete
NAME	DICKEY, KATHY	
STREET ADDRESS	PO BOX 693	
CITY-ST-ZIP	GRETNA, FL 32332	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:**

*Kathy B. Dickey* - Kathy B. Dickey

Date

**4/15/08**

Daytime Phone #