

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 758311

FILED
Apr 29, 2009
Secretary of State

Entity Name: THE GLORIOUS CHURCH OF JESUS, INC.

Current Principal Place of Business:

HIGHWAY 90
QUINCY, FL 32332 US

New Principal Place of Business:

Current Mailing Address:

P OBOX 693
142 PARK STREET
GRETNA, FL 32332 US

New Mailing Address:

FEI Number: 59-0413950 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

HORNE, CATHERINE
52 NORTH 2ND STREET
GRETNA, FL 32332 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:

04/29/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: BENNETT MCCOY, PAMELA
Address: 3124 HUTTERSFIELD CIRCLE
City-St-Zip: TALLAHASSEE, FL 32303

Title: PAST () Delete
Name: REED, BETTY
Address: PO BOX 693
City-St-Zip: GRETNA, FL 32332

Title: T () Delete
Name: JACKSON, ANNIE
Address: PO BOX 301
City-St-Zip: GRETNA, FL 32332

Title: TDCD () Delete
Name: GLOVER, WILLIE JR
Address: 96 SUNSHINE WAY
City-St-Zip: QUINCY, FL 32351

Title: T () Delete
Name: BLAIR, SARAH
Address: PO BOX 278
City-St-Zip: GRETNA, FL 32332

Title: TS () Delete
Name: DICKEY, KATHY
Address: PO BOX 693
City-St-Zip: GRETNA, FL 32332

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change () Addition
Name: BENNETT MCCOY, PAMELA
Address: 3124 HUTTERSFIELD CIRCLE
City-St-Zip: TALLAHASSEE, FL 32303

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

Title: D (X) Change () Addition
Name: JACKSON, ANNIE
Address: PO BOX 301
City-St-Zip: GRETNA, FL 32332

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

Title: D (X) Change () Addition
Name: BLAIR, SARAH
Address: PO BOX 278
City-St-Zip: GRETNA, FL 32332

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: KATHY DICKEY

TS

04/29/2009

Electronic Signature of Signing Officer or Director

Date