

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Feb 01, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # 763812**

1. Entity Name  
**GLEN ST. MARY FRIENDSHIP HOLINESS TABERNACLE  
CHURCH, INC.**



Principal Place of Business  
**LE CHURCH, INC.  
CLINTON AV PO BOX 451  
GLEN ST MARY, FL 32040**

Mailing Address  
**LE CHURCH, INC.  
CLINTON AV PO BOX 451  
GLEN ST MARY, FL 32040**



01042005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2313695**

Applied For  
Not Applicable

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

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

**KIRKLAND, GRANVEL S.  
ONE MACCLENNY AVE.  
MACCLENNY, FL 32063**

**DO NOT WRITE  
IN THIS SPACE**

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

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, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>STARLING, ALBERT<br>BOX 35 N/A<br>GLEN ST. MARY, FL        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | STD<br>STARLING, DONNA<br>P.O. BOX 684<br>GLEN ST MARY, FL       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>HODGES, THOMAS<br>RT 1 BOX 366 H<br>RAIFORD, FL 32083       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>BRANTLY, DONALD<br>PO BOX 296<br>MACCLENNY, FL 32063        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPD<br>WATON, WILLIAM<br>PO BOX 310<br>GLEN SAINT MARY, FL 32040 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>TYRE, GENE<br>P.O. BOX 434<br>GLEN SAINT MARY, FL 32040     |

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02/01/05-80089-002 70.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/05

Date

904-259-6521

Daytime Phone #