


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2007 8:00 am**  
**Secretary of State**

05-03-2007 90048 008 \*\*\*\*61.25

<b>DOCUMENT # 763812</b> 1. Entity Name <b>GLEN ST. MARY FRIENDSHIP HOLINESS TABERNACLE CHURCH, INC.</b>					
Principal Place of Business <b>LE CHURCH, INC. CLINTON AV PO BOX 451 GLEN ST MARY, FL 32040</b>			Mailing Address <b>LE CHURCH, INC. CLINTON AV PO BOX 451 GLEN ST MARY, FL 32040</b>		
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		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>KIRKLAND, GRANVEL S. ONE MACCLENNEY AVE. MACCLENNEY, FL 32063</b>				Name  Street Address (P.O. Box Number is Not Acceptable)   City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STARLING, ALBERT</b>			NAME	
STREET ADDRESS	<b>BOX 35 N/A</b>			STREET ADDRESS	
CITY-ST-ZIP	<b>GLEN ST. MARY, FL</b>			CITY-ST-ZIP	
TITLE	STD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STARLING, DONNA</b>			NAME	
STREET ADDRESS	<b>P.O. BOX 684</b>			STREET ADDRESS	
CITY-ST-ZIP	<b>GLEN ST MARY, FL</b>			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CLEMONS, LC</b>			NAME	
STREET ADDRESS	<b>8376 BROWN RD</b>			STREET ADDRESS	
CITY-ST-ZIP	<b>MACCLENNEY, FL 32063</b>			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRANTLY, DONALD</b>			NAME	
STREET ADDRESS	<b>PO BOX 296</b>			STREET ADDRESS	
CITY-ST-ZIP	<b>MACCLENNEY, FL 32063</b>			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TYRE, GENE</b>			NAME	<b>D Tyre, Gene</b>
STREET ADDRESS	<b>P.O. BOX 434</b>			STREET ADDRESS	<b>14410 Clarence Dobbs Road</b>
CITY-ST-ZIP	<b>GLEN SAINT MARY, FL 32040</b>			CITY-ST-ZIP	<b>Glen St. Mary, FL 32040</b>
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				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.					
<b>SIGNATURE:</b> <u><i>Albert Starling</i></u> <b>Albert Starling</b> <u>5-1-07 9042596521</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

4010500



05012007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-2313695**

Applied For  
Not Applicable

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

**FL** Zip Code