

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 12, 2000 8:00 am**  
**Secretary of State**

04-12-2000 90007 021 \*\*\*\*61.25

**DOCUMENT # 766238**

1. Entity Name  
**THE SHEKINAH GLORY MINISTRIES, INCORPORATED**

|   |  |
|---|--|
| Principal Place of Business<br><b>% W. R. OSTEAN<br/>         1960 QUEENSWOOD DRIVE<br/>         TALLAHASSEE FL 32303</b> | Mailing Address<br><b>% W. R. OSTEAN<br/>         1960 QUEENSWOOD DRIVE<br/>         TALLAHASSEE FL 32303-7124</b> |
|---|--|



DO NOT WRITE IN THIS SPACE

|                                |         |                     |         |   |  |  |  |
|--------------------------------|---------|---------------------|---------|---|--|--|--|
| 2. Principal Place of Business |         | 3. Mailing Address  |         | 4. FEI Number<br><b>59-2261783</b>  |  | Applied For<br><input type="checkbox"/> Not Applicable |  |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |  |  |
| 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>OSTEAN, W. R.<br/>         1960 QUEENSWOOD DRIVE<br/>         TALLAHASSEE FL 32303</b> |  |  |  | Name   |  |           |  |          |  |
|   |  |  |  | Street Address (P.O. Box Number is Not Acceptable) |  |           |  |          |  |
|   |  |  |  | City   |  | <b>FL</b> |  | 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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

|                                     |   |  |
|-------------------------------------|---|--|
| <b>FILE NOW:<br/>FEE IS \$61.25</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 Department of State</b> |
|-------------------------------------|---|--|

| 10. OFFICERS AND DIRECTORS |                            |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |  |   |
|----------------------------|----------------------------|---------------------------------|---|--|---|
| TITLE                      | <b>P</b>                   | <input type="checkbox"/> Delete | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>OSTEAN, W. R.</b>       |                                 | NAME  |  |   |
| STREET ADDRESS             | <b>1960 QUEENSWOOD DR.</b> |                                 | STREET ADDRESS  |  |   |
| CITY-ST-ZIP                | <b>TALLAHASSEE FL</b>      |                                 | CITY-ST-ZIP   |  |   |
| TITLE                      | <b>TS</b>                  | <input type="checkbox"/> Delete | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>BAGLEY, KATHY</b>       |                                 | NAME  |  |   |
| STREET ADDRESS             | <b>2715 BOATNER DRIVE</b>  |                                 | STREET ADDRESS  |  |   |
| CITY-ST-ZIP                | <b>TALLAHASSEE FL</b>      |                                 | CITY-ST-ZIP   |  |   |
| TITLE                      | <b>D</b>                   | <input type="checkbox"/> Delete | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>O'KELLY, FRANK</b>      |                                 | NAME  |  |   |
| STREET ADDRESS             | <b>3109 CANMORE PL.</b>    |                                 | STREET ADDRESS  |  |   |
| CITY-ST-ZIP                | <b>TALLAHASSEE FL</b>      |                                 | CITY-ST-ZIP   |  |   |
| TITLE                      | <b>D</b>                   | <input type="checkbox"/> Delete | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>O'KELLY, GAIL</b>       |                                 | NAME  |  |   |
| STREET ADDRESS             | <b>3109 CANMORE PL.</b>    |                                 | STREET ADDRESS  |  |   |
| CITY-ST-ZIP                | <b>TALLAHASSEE FL</b>      |                                 | CITY-ST-ZIP   |  |   |
| TITLE                      | <b>D</b>                   | <input type="checkbox"/> Delete | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>BAGLEY, DAVID</b>       |                                 | NAME  |  |   |
| STREET ADDRESS             | <b>2715 BOATNER DRIVE</b>  |                                 | STREET ADDRESS  |  |   |
| CITY-ST-ZIP                | <b>TALLAHASSEE FL</b>      |                                 | CITY-ST-ZIP   |  |   |
| 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 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: KATHY BAGLEY (KATHY BAGLEY) 4/6/00 (850) 926-7111  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)