

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

**DOCUMENT # 837282**

1. Entity Name  
**GLORIOUS UNITED PENTECOSTAL CHURCH OF GOD,  
INC.**



Principal Place of Business  
**541 MAYTOWN RD  
OSTEEN, FL 32764 US**

Mailing Address  
**P.O. BOX 651  
OSTEEN, FL 32764**

**FILED**

**05 MAR 10 AM 10:03**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



01262005 No Chg-NP

CR2E037 (10/03)

*th*

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**23-2460004**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional  
Fee Required**

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

**GAINEY, WILLIE II  
2306 GREENBIRAR ST.  
DELTONA, FL 32738**

**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**

**100048868714  
03/22/05--01040--017 \*\*69.00**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
BLAIN, EDWARD  
P.O. BOX 213 N/A  
CONWAY, SC**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
GARRETT, SHEILA  
125 BROOKFIELD AVE.  
WENONAH, NJ**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VTD  
GLASS, CURTIS  
225 PATTERSON ST.  
CHESTER PA,**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TR  
GAINEY, BARBARA  
390 SNOWHILL RD  
GENEVA, FL 32732**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**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:**

*Barbara J. Gaine*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3-6-05**