

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2007 08:00 AM
Secretary of State

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**



01292007 No Chg-NP

CR2E037 (4/06)

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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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	

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IN THIS SPACE**

U00000716457
04/30/07-80009-004 70.00

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.

SIGNATURE:

Willie II Gaine

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-18-07

Date

386-216-4962

Daytime Phone #