

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000001651

FILED
Mar 07, 2006
Secretary of State

Entity Name: EARL GLISSON MINISTRIES, INC.

Current Principal Place of Business:

24448 E. 81ST STREET STE. 5900
TULSA, OK 74137

New Principal Place of Business:

3125 US 1 SOUTH
SUITE A
ST AUGUSTINE, FL 32086

Current Mailing Address:

P.O. BOX 778
ST. AUGUSTINE, FL 32086

New Mailing Address:

P.O. BOX 778
ST. AUGUSTINE, FL 32085

FEI Number: 76-0726124

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GLISSON, EARL W
619 SEGOVIA RD
ST. AUGUSTINE, FL 32086 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GLISSON, EARL
Address: 619 SEGOVIA RD
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: VPD () Delete
Name: GLISSON, MARCI
Address: 619 SEGOVIA RD
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: STD () Delete
Name: CLAY, RANDY
Address: 1316 E. 6TH
City-St-Zip: TULSA, OK 74120

Title: D () Delete
Name: BUSH, BILL
Address: 1508 S IRONWOOD AVE
City-St-Zip: BROKEN ARROW, OK 74012

Title: D () Delete
Name: EMIGH, DAVID
Address: 901 N MCKINLEY
City-St-Zip: SAND SPRINGS, OK 74063

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: GLISSON, EARL W
Address: 619 SEGOVIA RD
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: VPD (X) Change () Addition
Name: GLISSON, MARCI D
Address: 619 SEGOVIA RD
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: D (X) Change () Addition
Name: CLAY, RANDY
Address: 1316 E. 6TH
City-St-Zip: TULSA, OK 74120

Title: STD (X) Change () Addition
Name: NORMAN, WAYNE
Address: 22 BIRD OF PARADISE DRIVE
City-St-Zip: PALM COAST, FL 32137

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EARL W GLISSON

PD

03/07/2006

Electronic Signature of Signing Officer or Director

Date