

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000001651

FILED  
May 01, 2007  
Secretary of State

Entity Name: EARL GLISSON MINISTRIES, INC.

## Current Principal Place of Business:

3125 US 1 SOUTH  
SUITE A  
ST AUGUSTINE, FL 32086

## Current Mailing Address:

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

## New Principal Place of Business:

1764 TREE BLVD  
SUITE 3  
ST AUGUSTINE, FL 32086

## New Mailing Address:

FEI Number: 76-0726124      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## 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 W  
Address: 619 SEGOVIA RD  
City-St-Zip: ST. AUGUSTINE, FL 32086

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

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

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: STD      (X) Change ( ) Addition  
Name: NORMAN, WAYNE  
Address: 401 WOODBLUFF TERRACE  
City-St-Zip: ST AUGUSTINE, FL 32086

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

I hereby certify that the information supplied with this filing does not qualify 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: AMBER HARVEY

SEC

05/01/2007

Electronic Signature of Signing Officer or Director

Date