2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008
Secretary of State

DOCUMENT# F04000001651

Entity Name: EARL GLISSON MINISTRIES, INC.

Current Principal Place of Business:

1764 TREE BLVD
SUITE 3
ST AUGUSTINE, FL 32086

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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 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:	401 WOODBLUFF TERRACE	
City-St-Zip:	ST AUGUSTINE, FL 32086	
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:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: MARCI D. GLISSON VPD 04/29/2008

Electronic Signature of Signing Officer or Director — Date