

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002454

FILED
Jan 22, 2008
Secretary of State

Entity Name: IMAGES OF GLORY, INC.

Current Principal Place of Business:

1001 MCDANIEL CREEK CT.
OVIEDO, FL 32765

New Principal Place of Business:

Current Mailing Address:

1001 MCDANIEL CREEK CT.
OVIEDO, FL 32765

New Mailing Address:

FEI Number: 59-3614281

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NORFLEET, KATHERINE D
1001 MCDANIEL CREEK CT.
OVIEDO, FL 32765 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: NORFLEET, KATHERINE D
Address: 1001 MCDANIEL CREEK CT.
City-St-Zip: OVIEDO, FL 32765

Title: VD () Delete
Name: NORFLEET, TIMOTHY
Address: 1001 MCDANIEL CREEK CT.
City-St-Zip: OVIEDO, FL 32765

Title: VD () Delete
Name: HIGGINS, THOMAS E
Address: 1920 EMERALD GREEN CIRCLE
City-St-Zip: OVIEDO, FL 32765

Title: VD () Delete
Name: HIGGINS, SUSAN P
Address: 1920 EMERALD GREEN CIRCLE
City-St-Zip: OVIEDO, FL 32765

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:

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: KATHERINE D. NORFLEET

PD

01/22/2008

Electronic Signature of Signing Officer or Director

Date