

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90325 012 ****61.25

DOCUMENT # N00000004022

1. Entity Name
UNVEILED GLORY MINISTRIES, INC.

Principal Place of Business
**418 LARKSPUR CT
NICEVILLE, FL 32578**

Mailing Address
**418 LARKSPUR CT
NICEVILLE, FL 32578**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04272004

Chg-NP

CR2E037 (10/03)

4. FEI Number
59-3653565

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WOOD, TERRY
418 LARKSPUR CT
NICEVILLE, FL 32578**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME WOOD, TERRY
STREET ADDRESS 418 LARKSPUR COURT
CITY-ST-ZIP NICEVILLE, FL 32578

TITLE VD ☐ Delete
NAME WOOD, KEVIN
STREET ADDRESS 6413 DERBY DR
CITY-ST-ZIP BAKERSFIELD, CA 93306

TITLE STD ☐ Delete
NAME WOOD, SONYA
STREET ADDRESS 6413 DERBY DR
CITY-ST-ZIP BAKERSFIELD, CA 93306

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Change ☐ Addition
NAME WOOD Kevin
STREET ADDRESS 4915 Marsh Hawk Dr.
CITY-ST-ZIP Bakersfield, CA 93312

TITLE STD ☒ Change ☐ Addition
NAME WOOD Sonya
STREET ADDRESS 4915 Marsh Hawk Dr.
CITY-ST-ZIP Bakersfield, CA 93312

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 the empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/04

850-678-8034