2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE: 16RS King

Apr 12, 2005 8:00 am Secretary of State DÓCUMENT # N01000003811 1. Entity Name 04-12-2005 90146 041 ****70.00 GLAD TIDING ASSEMBLY INC. Mailing Address Principal Place of Business 2200 SILVER STAR ROAD ORLANDO FL 32804 P.O. BOX 683426 ORLANDO FL 32818 2. Principal Place of Business 680 509 P.OBOX 4203.J 1st MOORE CR2E037 (10/04) City & Starte Applied For 4. FEI Number 30-0076266 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent Fee Required 7. Name and Address of New Registered Agent JOHNSON WARD, ELLIS 7326 HABBERSHANA DR. ORLANDO FL 32818 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. (NOTE Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be \Box Due By May 1, 2005 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. TITLE Delete TITLE MARION JOHNSON Change WARD, ELLIS NAME NAME 7326 HABBERSHANA DR. STREET ADDRESS 2204 SAVOY DR Ollando Fl 32808 STREET ADDRESS ORLANDO FL 32818 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Defete ELL'S WARD WARD, BERNICE NAME NAME 7326 HABBERSHANA DR. ORCANDO. FC 3. 7326 HABBERSHANA DR. STREET ADDRESS STREET ADDRESS ORLANDO FL 32818 CITY - ST - ZIP CITY-ST-ZIP BERNICE WARD TITLE Delete **Change** ☐ Addition 7326 HABBERSHANA. DR JOHNSON, MARION NAME NAME 2204 SAVOY DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32808 CITY-ST-ZIP Detete TITLE TITLE Addition JOHNSON, ERSKIN NAME NAME 2204 SAVOY DR. STREET ADDRESS STREET ADDRESS ORLANDO FL 32808 CITY-ST-7/P CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE [] Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 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 attactment with an address, with all other like empowered.

FILED

Davtime Phone #