

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007721

FILED
Apr 29, 2006
Secretary of State

Entity Name: GLENN WARD MINISTRIES, INC.

Current Principal Place of Business:

P.O. BOX 1703
LAKELAND, FL 33802

New Principal Place of Business:

2007 HATTERAS POINT
LAKELAND, FL 33813

Current Mailing Address:

PO BOX 1703
LAKELAND, FL 338021703

New Mailing Address:

2007 HATTERAS POINT
LAKELAND, FL 33813

FEI Number: 59-3753378

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WARD, GLENN
P.O. BOX 1703
LAKELAND, FL 33802 US

Name and Address of New Registered Agent:

WARD, GLENN
2007 HATTERAS POINT
LAKELAND, FL 33813 US

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: GLENN WARD

04/29/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WARD, F. GLENN
Address: P. O. BOX 1703
City-St-Zip: LAKELAND, FL 338021703

Title: STD () Delete
Name: WARD, DOROTHY JEAN
Address: P. O. BOX 1703
City-St-Zip: LAKELAND, FL 338021703

Title: VPD () Delete
Name: CONNOR, JEFFREY
Address: P. O. BOX 1703
City-St-Zip: LAKELAND, FL 338021703

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WARD, F. GLENN
Address: 2007 HATTERAS POINT
City-St-Zip: LAKELAND, FL 33813

Title: STD (X) Change () Addition
Name: WARD, DOROTHY JEAN
Address: 2007 HATTERAS POINT
City-St-Zip: LAKELAND, FL 33813

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

I hereby certify that the information supplied with this filing does not qualify for the 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: F. GLENN WARD

PD

04/29/2006

Electronic Signature of Signing Officer or Director

Date