


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2005 08:00 AM
Secretary of State

DOCUMENT # N02000004048 1. Entity Name HIS GLORY MINISTRIES, INC.	
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Principal Place of Business P.O. BOX 6454 SPRING HILL, FL 34611	Mailing Address P.O. BOX 6454 SPRING HILL, FL 34611
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DO NOT WRITE IN THIS SPACE



07052005 No Chg-NP CR2E037 (10/03)

4. FEI Number 01-0698087	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GOTTWIK, IRIS L
11360 LIBBY RD.
SPRING HILL, FL 34609

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOTTWIK, IRIS L 11360 LIBBY RD. SPRING HILL, FL 34609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GOTTWIK, OTTO A 11360 LIBBY RD. SPRING HILL, FL 34609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SEGUINE, JILL J 10374 GIFFORD DR. SPRING HILL, FL 34608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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07/07/05-80001-004 61.25

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IN THIS SPACE**

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 like empowered.

SIGNATURE: Iris L. Gottwik 7-5-05 352 688-9756

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #