


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2006 08:00 AM
Secretary of State

DOCUMENT # N02000004048 <small>1. Entity Name</small> HIS GLORY MINISTRIES, INC.	
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<small>Principal Place of Business</small> P.O. BOX 6454 SPRING HILL, FL 34611	<small>Mailing Address</small> P.O. BOX 6454 SPRING HILL, FL 34611
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01252006 No Chg-NP CR2E037 (11/05)

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<small>4. FEI Number</small> 01-0698087	<small>Applied For</small> <input type="checkbox"/> Not Applicable
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<small>5. Certificate of Status Desired</small> <input type="checkbox"/>	\$8.75 Additional Fee Required
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<small>6. Name and Address of Current Registered Agent</small> GOTTWIK, IRIS L 11360 LIBBY RD. SPRING HILL, FL 34609

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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.

<small>SIGNATURE</small> <small>Signature, typed or printed name of registered agent and file if applicable</small>	<small>(NOTE: Registered Agent signature required when reappointing)</small> U000000436295 02/27/06-00081-014 61.25
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Filing Fee Is \$61.25 Due by May 1, 2006	<small>9. Election Campaign Financing Trust Fund Contribution.</small> <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	D GOTTWIK, IRIS L 11360 LIBBY RD. SPRING HILL, FL 34609
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	T GOTTWIK, OTTO A 11360 LIBBY RD. SPRING HILL, FL 34609
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	T SEGUINE, JILL J 10374 GIFFORD DR. SPRING HILL, FL 34608
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Iris Gottwik</i>	2-15-06	352.688-9958
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>