

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-08-2003 90054 025 *****61.25

DOCUMENT # N02000004048

1. Entity Name

HIS GLORY MINISTRIES, INC.



Principal Place of Business

**P.O. BOX 6454
SPRING HILL FL 34611**

Mailing Address

**P.O. BOX 6454
SPRING HILL FL 34611**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **010698087**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

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

FILE NOW: FEE IS \$61.25

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 ☐ Delete
NAME **P**
STREET ADDRESS **GOTTWIK, IRIS L**
CITY-ST-ZIP **P.O. BOX 6454
SPRING HILL FL 34611**

TITLE ☐ Delete
NAME **V**
STREET ADDRESS **GOTTWIK, OTTO A**
CITY-ST-ZIP **P.O. BOX 6454
SPRING HILL FL 34611**

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **SEGUINE, JILL J**
CITY-ST-ZIP **P.O. BOX 6454
SPRING HILL FL 34611**

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 **D**
STREET ADDRESS **11360 LIBBY RD**
CITY-ST-ZIP **SPRING HILL, FL 34609**

TITLE ☐ Change ☐ Addition
NAME **T**
STREET ADDRESS **11360 LIBBY RD**
CITY-ST-ZIP **SPRING HILL, FL 34609**

TITLE ☐ Change ☐ Addition
NAME **T**
STREET ADDRESS **10374 GIFFORD DR**
CITY-ST-ZIP **SPRING HILL, FL 34608**

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 like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REQUIRED L. GOTTWIK

1-7-03

Date

Daytime Phone

**352-
688-9786**

CR2037 (10/02)



HIS GLORY MINISTRIES

P.O. BOX 6454

SPRING HILL, FL 34611

Tel/Fax 352.688.9756

hisglormin@msn.com.

www.HisGloryMin.org

ATTACHMENT

55 062301

N02000004048

1-22-03

Florida Dept. of State
PO Box 1500
Tallahassee, FL.

Dear Sir;

Sorry for inserting the wrong number for our
FEIN. This is our first year for reporting
and filling out necessary information.
all necessary corrections have been made.

Iris Gattini
Director - Founder