

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007268

FILED  
May 01, 2009  
Secretary of State

**Entity Name:** GLAD TIDINGS MINISTRIES, INC.

**Current Principal Place of Business:**

P. O. BOX 120681  
FT. LAUDERDALE, FL 33312

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 120681  
FT. LAUDERDALE, FL 33312

**New Mailing Address:**

**FEI Number:** 54-2071069      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

ROSEGREN, BOYSIE  
8211 NW 20TH CT  
SUNRISE, FL 33322      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: ROSEGREN, BOYSIE  
Address: 8211 NW 20TH ST  
City-St-Zip: SUNRISE, FL 33322

Title: VD      ( ) Delete  
Name: ROSEGREN, MARLINE  
Address: 7001 INVERRARY BLVD  
City-St-Zip: LAUDERHILL, FL 33319

Title: SD      ( ) Delete  
Name: ROSEGREN, CYNTHIA  
Address: 4610 NW 48 STREET  
City-St-Zip: TAMARAC, FL 33319

Title: TD      ( ) Delete  
Name: DACRES, JENIFFER  
Address: 3817 NW 94 AVE  
City-St-Zip: SUNRISE, FL 33351

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: BROSEGREN

PD

05/01/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date