2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2004
Secretary of State

DOCUMENT# N02000008818

Entity Name: GLORY WORSHIP INSTITUTE, CORP.

Current Principal Place of Business:

5201 NW 74TH AVE.
MIAMI, FL 33166

New Principal Place of Business:

Current Mailing Address:

5201 NW 74TH AVE.
MIAMI, FL 33166

New Mailing Address:

FEI Number: 47-0897393 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MACHIN, DORIS
9609 SW 138TH AVE
MIAMI, FL 33186 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:	MACHIN, DORIS	
Address:	9609 SW 138TH AVE	
City-St-Zip:	MIAMI, FL 33186	
Title:	VD	( ) Delete
Name:	CARRASQUILLO, MADELINE	
Address:	5201 NW 7TH STREET, APT. 317	
City-St-Zip:	MIAMI, FL 33126	
Title:	TD	( ) Delete
Name:	MARIN, IDANIA	
Address:	12254 SW 148TH TERRACE	
City-St-Zip:	MIAMI, FL 33186	
Title:	SD	(X) Delete
Name:	RODRIGUEZ, MARIE	
Address:	460 S PARK RD, PINEHURST, APT 305	
City-St-Zip:	HOLLYWOOD, FL 33021	

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 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 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: DORIS MACHIN PD 01/15/2004

Electronic Signature of Signing Officer or Director — Date