


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # N03000000178
 1. Entity Name
 TO HIS GLORY PRANZA MINISTRIES, INC.



Principal Place of Business 401 SOUTH COMET AVENUE #1 CLEARWATER, FL 33765	Mailing Address P.O. BOX 4547 CLEARWATER, FL 33758
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DO NOT WRITE IN THIS SPACE



04272005 No Chg-NP CR2E037 (10/03)

4. FEI Number 22-3888677	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

HIGGINS, TOMASA
 401 SOUTH COMET AVENUE
 #1
 CLEARWATER, FL 33765

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 May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HIGGINS, TOMASA P.O. BOX 4547 CLEARWATER, FL 33758
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T LAURA JOHNSON, NORMAN AND 1881 NORTH HERCULES, #1002 CLEARWATER, FL 33765
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S LEE, DONNA 8423 SEMINOLE BLVD. SEMINOLE, FL 33771
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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100000350386
 05/02/05-80103-003 61.25

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: Tommaso Higgins 4/27/05 727-515-6623
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #