


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 18, 2007 8:00 am**  
**Secretary of State**

04-18-2007 90186 035 \*\*\*\*61.25

**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**

2. Principal Place of Business - No P.O. Box #  
**726 Imperial Dr.**

3. Mailing Address  
**P.O. BOX 4547**

Suite, Apt. #, etc.

City & State  
**LARGO FL**

City & State  
**CLEARWATER FL**

Zip  
**33771**

Zip  
**33758**



02032007 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent

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

4. FEI Number  
**22-3888677**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**N/A**  
 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

**Filing Fee is \$61.25 Due by May 1, 2007**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HIGGINS, TOMASA P.O. BOX 4547 CLEARWATER, FL 33758 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JOHNSON, LAURA <i>NORM</i> 1881 N. HERCULES AVE #1002 CLEARWATER, FL 33765 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LEE, DONNA 8423 SEMINOLE BLVD. SEMINOLE, FL 33771 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** *Tomasa Higgins* **TOMASA HIGGINS** *4/11/07* **727-254-2826**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #