## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DGCUMENT # N03000000178

1. Entity Name

TO HIS GLORY PRANZA MINISTRIES, INC.



FILED Apr 23, 2008 08:00 AN Secretary of State

Principal Place of Business

726 IMPERIAL DR LARGO, FL 33771 Mailing Address

P.O. BOX 4547 CLEARWATER, FL 33758



04212008 No Chg-NP

CR2E037 (4/06)

4. FEI Number 22-3888677

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Daytime Phone #

6.	Name a	nd Address	of Current	Registered	Agent			

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

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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 reinstalling)  DATE									
	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financ Trust Fund Contribution.	ing 🔲	\$5.00 May Be Added to Fees					
10.	OFFICERS AND DIRE	CTORS							
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 JOHNSON, NORM 1881 N. HERCULES AVE #1002 CLEARWATER, FL 33765				U00000917340 05/13/08-80037-015 61.25				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LEE, DONNA 8423 SEMINOLE BLVD. SEMINOLE, FL 33771		•	DO	NOT WRITE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE				
TITLE NAME STREET ADDRESS CITY-SI-ZIP									
TITLE NAME STREET ADDRESS CITY-ST-ZIP									
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 given like empowered.									