2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000178

FILED Apr 04, 2009 Secretary of State

Entity Name: TO HIS GLORY PRANZA MINISTRIES, INC. **Current Principal Place of Business: New Principal Place of Business:** 726 IMPERIAL DR LARGO, FL 33771 **Current Mailing Address: New Mailing Address:** P.O. BOX 4547 CLEARWATER, FL 33758 FEI Number: 22-3888677 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HIGGINS, TOMASA 401 SOUTH COMET AVENUE CLEARWATER, FL 33765 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition HIGGINS, TOMASA Name: Name: Address: P.O. BOX 4547 Address: City-St-Zip: CLEARWATER, FL 33758 City-St-Zip: Title: () Delete Title: () Change () Addition JOHNSON, NORM Name: Name: Address: 1881 N. HERCULES AVE #1002 Address: City-St-Zip: CLEARWATER, FL 33765 City-St-Zip: Title: () Delete Title: () Change () Addition LEE, DONNA Name: Name: 8423 SEMINOLE BLVD. Address: Address: City-St-Zip: SEMINOLE, FL 33771 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: TOMASA HIGGINS PD 04/04/2009