

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002798

FILED  
Sep 06, 2007  
Secretary of State

**Entity Name:** REFLECTING HIS GLORY MINISTRIES INC.

**Current Principal Place of Business:**

P O BOX 14892  
FT LAUDERDALE, FL 33302

**New Principal Place of Business:**

1109 N 26TH AVE  
HOLLYWOOD, FL 33020

**Current Mailing Address:**

P O BOX 14892  
FT LAUDERDALE, FL 33302

**New Mailing Address:**

**FEI Number:** 65-0642474      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

ELLINGTON, CZARNEY A  
1109 N. 26TH AVE  
#1  
FORT LAUDERDALE, FL 33020 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:**

Title: PF      ( ) Delete  
Name: ELLINGTON, CZARNEY  
Address: PO BOX 14892  
City-St-Zip: FORT LAUDERDALE, FL 33302

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
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: CZARNEY ELLINGTON

PF

09/06/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date