


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N03000002798		
1. Entity Name REFLECTING HIS GLORY MINISTRIES INC.		

Principal Place of Business 1109 N 26TH AVE HOLLYWOOD, FL 33020	Mailing Address P O BOX 14892 FT LAUDERDALE, FL 33302
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2. Principal Place of Business - No P.O. Box # 10631 NW 42nd CT	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Sunrise, FL	City & State
Zip 33351	Country USA

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ELLINGTON, CZARNEY A 1109 N. 26TH AVE #1 FORT LAUDERDALE, FL 33020		Name ELLINGTON, CZARNEY A. Street Address (P.O. Box Number is Not Acceptable) 10631 NW 42nd CT City Sunrise FL Zip Code 33351	

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 <u>Ellington</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE <u>9/2/08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>

Filing Fee is \$61.25 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PF ELLINGTON, CZARNEY PO BOX 14892 FORT LAUDERDALE, FL 33302 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900136148719 09/19/08--01040--011 **70.00
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
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
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
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
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: <u>Ellington</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE <u>9/2/08</u> <small>Date</small>

FILED
08 SEP 15 PM 1:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09022008 Chg-NP CR2E037 (12/06)

4. FEI Number 65-0642474	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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