


FILED
Apr 29, 2004 8:00 am
Secretary of State

14010000

DOCUMENT # N03000003931						04-29-2004 90328 035 ****70.00	
1. Entity Name SHECHINAH GLORY FAMILY WORSHIP CENTER INC.							
Principal Place of Business HOSPITALITY INN, 7070 103RD STREET JACKSONVILLE, FL 32210				Mailing Address P. O. BOX 1447 ORANGE PARK, FL 32067 14			
2. Principal Place of Business				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number 134249979				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
DAVIS, TYRONE E SR. 350 CROSSING BLVD APT#1201 ORANGE PARK, FL 32073				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
Filing Fee Is \$61.25 Due by May 1, 2004				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			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	P <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DAVIS, TYRONE E SR			NAME			
STREET ADDRESS	350 CROSSING BLVD, APT#1201			STREET ADDRESS			
CITY - ST - ZIP	ORANGE PARK, FL 32073			CITY - ST - ZIP			
TITLE	VP <input type="checkbox"/> Delete			TITLE	VPS/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DAVIS, DARNEL			NAME	Davis, Darnel		
STREET ADDRESS	350 CROSSING BLVD, APT#1201			STREET ADDRESS	350 Crossing Blvd, Apt #1201		
CITY - ST - ZIP	ORANG PARK, FL 32073			CITY - ST - ZIP	Orange Park, FL 32073		
TITLE	SEC <input type="checkbox"/> Delete			TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PONDER, SALLIE			NAME	Ponder, Sallie		
STREET ADDRESS	103RD STREET			STREET ADDRESS	103rd Street		
CITY - ST - ZIP	JACKSONVILLE, FL 32210			CITY - ST - ZIP	Jacksonville, FL 32210		
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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>Darnel Davis</u>				4/27/04 (904) 505-1062			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #			