# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 28, 2005**
**Secretary of State**

DOCUMENT# N03000004450

**Entity Name:** GLOVEMINISTRIES INTERNATIONAL, INC.

**Current Principal Place of Business:**

6390 ASTORIA AVE.
FT. MYERS, FL 33905

**New Principal Place of Business:**

12902 IVORY STONE LOOP
FT. MYERS, FL 33913

**Current Mailing Address:**

P.O. BOX 50387
FT. MYERS, FL 33994

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

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

BANKS, TRESHA D
3975 E. MICHIGAN AVE.
FT. MYERS, FL 33905 US

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

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: D ( ) Delete
Name: GLOVER, WILLIAM L
Address: 6390 ASTORIA AVE.
City-St-Zip: FT. MYERS, FL 33905

Title: D ( ) Delete
Name: BETZER, DAN
Address: 4701 SUMMERLIN AVE.
City-St-Zip: FT. MYERS, FL 33919

Title: D ( ) Delete
Name: GRANGER, WALTER O
Address: 1214 AVONDALE LANE
City-St-Zip: WEST PALM BEACH, FL 33409

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

Title: D (X) Change ( ) Addition
Name: GLOVER, WILLIAM L
Address: 12902 IVORY STONE LOOP
City-St-Zip: FT. MYERS, FL 33913

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: WILLIAM GLOVER ED 04/28/2005

Electronic Signature of Signing Officer or Director — Date