2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004450

Entity Name: GLOVEMINISTRIES INTERNATIONAL, INC.

FILED May 01, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 12902 IVORY STONE LOOP FT. MYERS, FL 33913 **Current Mailing Address: New Mailing Address:** 12902 IVORY STONE LOOP FT. MYERS, FL 33913 FFI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X) 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: BANKS, TRESHA D 3975 E. MICHIGAN AVE. FT. MYERS, FL 33905 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 GLOVER, WILLIAM L Name: Name: 12902 IVORY STONE LOOP Address: Address: City-St-Zip: FT. MYERS, FL 33913 City-St-Zip: Title: Title: (X) Change () Addition () Delete Name: BETZER, DAN Name: SPEARS, DIANE Address: 4701 SUMMERLIN AVE. Address: 2708 HENDERSON AVE City-St-Zip: FT. MYERS, FL 33919 City-St-Zip: FT. MYERS, FL 33916 Title: () Delete Title: () Change () Addition GRANGER, WALTER O Name: Name: Address: 1214 AVONDALE LANE Address: City-St-Zip: WEST PALM BEACH, FL 33409 City-St-Zip: Title: () Delete Title: () Change (X) Addition Name: Name: CHAPTMAN, LEONARD 1405 SE 20TH AVE Address: Address: City-St-Zip: City-St-Zip: CAPE CORAL, FL 33990 Title: () Delete Title: () Change (X) Addition MURRAY, CHERYL Name: Name: 4263 LIRON AVE APT. 103 Address: Address: City-St-Zip: City-St-Zip: FORT MYERS, FL 33916 Title: () Delete Title: () Change (X) Addition BROWN, LINDA Name: Name: Address: Address: 14890 SHRIKE WAY FORT MYERS, FL 33908 City-St-Zip: 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: WILLIAM L. GLOVER CEO 05/01/2007