

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004450

FILED
Mar 20, 2009
Secretary of State

Entity Name: GLOVEMINISTRIES INTERNATIONAL, INC.

Current Principal Place of Business:

12902 IVORY STONE LOOP
FT. MYERS, FL 33913

New Principal Place of Business:

Current Mailing Address:

12902 IVORY STONE LOOP
FT. MYERS, FL 33913

New Mailing Address:

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

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:

BANKS, TRESHA D
12902 IVORY STONE LOOP
FORT MYERS, FL 33913 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: TRESHA D. BANKS

03/20/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

Title: D (X) Delete
Name: SPEARS, DIANE
Address: 2708 HENDERSON AVE
City-St-Zip: FT. MYERS, FL 33916

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

Title: D () Delete
Name: CHAPTMAN, LEONARD
Address: 1405 SE 20TH AVE
City-St-Zip: CAPE CORAL, FL 33990

Title: D (X) Delete
Name: MURRAY, CHERYL
Address: 4263 LIRON AVE APT. 103
City-St-Zip: FORT MYERS, FL 33916

Title: D () Delete
Name: BROWN, LINDA
Address: 14890 SHRIKE WAY
City-St-Zip: FORT MYERS, FL 33908

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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 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

ED

03/20/2009

Electronic Signature of Signing Officer or Director

Date