

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004450

FILED  
Mar 02, 2010  
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:** 06-1696718

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

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

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

GLOVER, CHERYL R  
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: CHERYL R. GLOVER

03/02/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

Title: D  
Name: TAYLOR, DWAYNE  
Address: 4788 ANCHORAGE AVE  
City-St-Zip: FORT MYERS, FL 33919

Title: D  
Name: TAYLOR, ROSALYN  
Address: 5515 SW 12TH PLACE  
City-St-Zip: CAPE CORAL, FL 33914

Title: D  
Name: HODGE, ELLIS  
Address: 2500 ANASTASIA WAY S.  
City-St-Zip: ST. PETERSBURG, FL 33712

Title: D  
Name: FINNIE, SHERICE  
Address: 2856 DOUGLAS AVE.  
City-St-Zip: FORT MYERS, FL 33916

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM L. GLOVER

CEO

03/02/2010

Electronic Signature of Signing Officer or Director

Date