2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 29, 2004 8:00 am DOCUMENT # N03000006352 Secretary of State 04-29-2004 90349 018 ****61.25 FOR HIS GLORY MINISTRIES, INC. Principal Place of Business Mailing Address 3936 ELVIRA CT NEW PORT RICHEY FL 34655 3936 ELVIRA CT **NEW PORT RICHEY FL 34655** 2. Principal Place of Business 3. Mailing Address 9239 Jasmine Blud CR2E037 (11/03) City & State City & State 4. FEI Number Applied For New Port h 34-1990706 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 34654 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KESSHOCK, ESTELL Street Address (P.O. Box Number is Not Acceptable) 9239 Tasmine 3936 ELVIRA CT NEW PORT RICHEY FL 34655 34654 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 FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Estell C Keshock 9239 Jasmine Blud TITLE Delete Change TITLE ☐ Addition KESHOCK, ESTELL C NAME NAME 3936 ELVIRA CT STREET ADDRESS STREET ADDRESS NEW PORT RICHEY FL 34655 New Port Rickey Fl. CITY-ST-ZIP CITY-ST-7/P Delete TITLE TITLE Donald C Keshock Strange Add 9-2-39-5asmine-Blud New Port Richey Fl. 34654 KESHOCK, DONALD C NAME NAME 9936 ELVIRA OT 🚁 🎫 STREET ADDRESS STREET ADDRESS NEW PORT RICHEY FL 34655 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change NAME STREET ADDRESS STREET ADORESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ 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

FILED

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 9/27/04 727-697-3222

changed, or on an attachment with an address, with all other like empowered.