


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2005 8:00 am**  
**Secretary of State**

04-11-2005 90191 045 \*\*\*\*75.00

|   |   |
|---|---|
| <b>DOCUMENT # N03000009647</b>                                  |  |
| 1. Entity Name<br><b>FOR THE GLORY OF CHRIST MINISTRY, INC.</b> |   |

|   |   |
|---|---|
| Principal Place of Business<br><b>17221 N.W. 37TH COURT<br/>MIAMI, FL 33055</b> | Mailing Address<br><b>17221 N.W. 37TH COURT<br/>MIAMI, FL 33055</b> |
|---|---|

**50036506**

|   |   |
|---|---|
| 2. Principal Place of Business<br><b>2651 Paddock Circle</b><br>Suite, Apt. #, etc. | 3. Mailing Address<br><b>2651 Paddock Circle</b><br>Suite, Apt. #, etc. |
|---|---|

|                                      |                                      |
|--------------------------------------|--------------------------------------|
| City & State<br><b>Crestview, FL</b> | City & State<br><b>Crestview, FL</b> |
| Zip<br><b>32536</b>                  | Country<br><b>Okaloosa</b>           |
| Zip<br><b>32536</b>                  | Country<br><b>Okaloosa</b>           |



03082005 Chg-NP CR2E037 (10/03)

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>20-0398977</b> | Applied For<br><input type="checkbox"/>    |
|                                    | Not Applicable<br><input type="checkbox"/> |

|  |                                       |
|--|---------------------------------------|
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|--|---------------------------------------|

|   |  |
|---|--|
| 6. Name and Address of Current Registered Agent<br><b>MORGAN, DEXTER<br/>17221 N.W. 37TH COURT<br/>OPA LOCKA, FL 33055</b>  |  |
| 7. Name and Address of New Registered Agent<br>Name <b>Dexter Morgan</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>2651 Paddock Circle</b><br>City <b>Crestview</b> <b>FL</b> Zip Code <b>32536</b> |  |

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|   |  |                                       |  |
|---|--|---------------------------------------|--|
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2005</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input checked="" type="checkbox"/> | <b>\$5.00</b> May Be<br>Added to Fees | <b>Make check payable to<br/>Florida Department of State</b> |
|---|--|---------------------------------------|--|

| 10. OFFICERS AND DIRECTORS                         |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |  |
|--|---|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>D<br/>MORGAN, DEXTER<br/>17221 NW 37TH COURT<br/>MIAMI, FL 33055</b> <input type="checkbox"/> Delete         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <b>D<br/>MORGAN, DEXTER<br/>2651 Paddock Circle<br/>Crestview, FL 32536</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>D<br/>MCGRUFF, JANIE M<br/>2720 NW 208TH TERRACE<br/>MIAMI, FL 33056</b> <input type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>D<br/>WEATHERSBY, LINDSEY D<br/>670 FLORIDA STREET<br/>ROXIE, MS 39661</b> <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>D<br/>SMALL, CARLTON<br/>9630 NW 2ND STREET<br/>PEMBROKE PINES, FL 33024</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>D<br/>BODDIE, FRANK L<br/>14 DODGE STREET<br/>NEW BRITAIN, CT 06053</b> <input type="checkbox"/> Delete      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

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

**SIGNATURE:** Dexter Morgan Dexter Morgan 4-05-05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #