

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90251 031 ****66.25

DOCUMENT # N03000009647

1. Entity Name
FOR THE GLORY OF CHRIST MINISTRY, INC.



Principal Place of Business
**2651 PADDOCK CIRCLE
CRESTVIEW, FL 32536**

Mailing Address
**2651 PADDOCK CIRCLE
CRESTVIEW, FL 32536**

50018707



04172006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

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

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MORGAN, DEXTER
2651 PADDOCK CIRCLE
CRESTVIEW, FL 32536**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☒

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORGAN, DEXTER 2651 PADDOCK CIRCLE CRESTVIEW, FL 32536
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCGRIFF, JANIE M 2720 NW 208TH TERRACE MIAMI, FL 33056
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEATHERSBY, LINDSEY D 670 FLORIDA STREET ROXIE, MS 39661
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMALL, CARLTON 9630 NW 2ND STREET PEMBROKE PINES, FL 33024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BODDIE, FRANK L 14 DODGE STREET NEW BRITAIN, CT 06053
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 W. Morgan **Dexter W. Morgan**

4-18-06

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR