

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 24, 2007 08:00 AM**  
**Secretary of State**

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



04132007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-0398977

Applied For  
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, 2007**

9. Election Campaign Financing  
Trust Fund Contribution.

☒ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

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

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #