

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010755

FILED
Mar 30, 2009
Secretary of State

Entity Name: GOD'S GLORY MINISTRIES INC.

Current Principal Place of Business:

206 N MAIN STREET
WILDWOOD, FL 34785

New Principal Place of Business:

Current Mailing Address:

PO BOX 267
WILDWOOD, FL 34785

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

TAYLOR, ALBERT B
423 N MILLS ST
LEESBURG, FL 34748 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: DIXON, ROBERT F
Address: PO BOX 688
City-St-Zip: UMATILLA, FL 32784

Title: P () Delete
Name: TAYLOR, ALBERT B
Address: 423 N MILLS ST
City-St-Zip: LEESBURG, FL 34748

Title: S (X) Delete
Name: CINDY, JONES
Address: 735 S US HWY 441 APT 2
City-St-Zip: LADY LAKE, FL 32159

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V (X) Change () Addition
Name: DIXON, ROBERT F
Address: 155 S CENTRAL AVE
City-St-Zip: UMATILLA, FL 32784

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ROBERT DIXON

V

03/30/2009

Electronic Signature of Signing Officer or Director

Date