


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # N04000002612**

1. Entity Name  
**GLORY PHI GOD INC**



FILED

05 FEB -2 PM 3:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
2502 A HOLTON STREET PAT 2386  
TALLAHASSEE, FL 32310

Mailing Address  
2502 A HOLTON STREET PAT 2386  
TALLAHASSEE, FL 32310

2. Principal Place of Business  
**2502 A Holton St**

3. Mailing Address  
**2502 A Holton St**

Suite, Apt. #, etc.  
**Apt 238 G**

Suite, Apt. #, etc.  
**Apt 238 G**

02022005 Chg-NP CR2E037 (10/03)

City & State  
**Tallahassee FL**

City & State  
**Tallahassee FL**

Zip  
**32310**

Country  
**USA**

Zip  
**32310**

Country  
**USA**

4. FEI Number  Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**EDWARDS, HAROLD W**  
**2502 A HOLTON STREET PAT 2386**  
**TALLAHASSEE, FL 32310**

**Apt 238 G**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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.

**200046423592**  
**02/11/05--01019--007 \*\$61.25**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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

**Filing Fee is \$61.25 Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EDWARDS, HAROLD W II 2502 A HOLTON STREET PAT 2386 TALLAHASSEE, FL 32310 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Harold W. Edwards II 2502 A Holton St Tall, FL 32301 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HENDERSON, MARCUS 2502 A HOLTON STREET PAT 2386 TALLAHASSEE, FL 32310 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE President Marcus Henderson 2502 A Holton St Apt 238 G Tallahassee, FL 32310 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CROSS, JAVAR 2502 A HOLTON STREET PAT 2386 TALLAHASSEE, FL 32310 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Javar Cross 2502 A Holton St Apt 108 B Tall, FL 32310 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Kristyell Williams 2059 Canewood Ct Tallahassee FL 32303 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Asst Treasurer Kener Noel 12th E 2700 West Pensacola Apt 301A Tallahassee, FL 32304 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 reports 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:** Harold W. Edwards II **2/11/05 933-1843**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #