2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008779

Title:

Name:

Address:

City-St-Zip:

Entity Name: GLORIOUS BEING CENTER, INC.

FILED Jul 05, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 17800 SW 11 COURT PEMBROKE PINES, FL 33029 **Current Mailing Address: New Mailing Address:** 17800 SW 11 COURT PEMBROKE PINES, FL 33029 FEI Number: 20-1645502 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: RAMIREZ, GLORIA T 17800 SW 11 COURT PEMBROKE PINES, FL 33029 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete RAMIREZ, GLORIA Name: Name: 17800 SW 11 COURT Address: Address: City-St-Zip: PEMBROKE PINES, FL 33029 City-St-Zip: Title: VCD () Delete Title: () Change () Addition Name: RAMIREZ, FRANCINE Name: Address: 2655 CARAMBOLA CIR N Address: City-St-Zip: COCONUT CREEK, FL 33066 City-St-Zip: Title: () Delete Title: () Change () Addition LAMAR, ELISA Name: Name: 6831 SW 48 TER Address: Address: City-St-Zip: MIAMI, FL 33155 City-St-Zip: Title: TD () Delete Title: () Change () Addition Name: BELL, ROBERT Name: 3675 N COUNTRY CLUB DR Address: Address: City-St-Zip: AVENTURA, FL 33180 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: GLORIA RAMIREZ CD 07/05/2005

() Delete

BAYER, CARY

39 WHITNEY DR

WOODSTOCK, NY 12498

() Change () Addition