


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N04000009497 1. Entity Name GLORY MINISTRY II INC	
----------------------------------------------------------------------------------	-----------------------------------------------------------------------------------

FILED

05 JUN -6 PM 4:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 1017 EMILY'S WALK LN E JACKSONVILLE, FL 32221	Mailing Address 1017 EMILY'S WALK LN E JACKSONVILLE, FL 32221
---------------------------------------------------------------------------------	---------------------------------------------------------------------

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

06062005 Chg-NP CR2E037 (10/03)

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

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

6. Name and Address of Current Registered Agent SMART, MASCAREEN <i>Mascareen Smart</i> 1017 EMILY'S WALK LN E JACKSONVILLE, FL	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.

SIGNATURE *Mascareen Smart* (NOTE: Registered Agent signature required when reinstating) DATE *6-6-05*

Filing Fee is \$61.25 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P SMART, WALTER T 1017 EMILY'S WALK LN E JACKSONVILLE, FL	TITLE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		NAME	
TITLE	P SMART, MASCAREEN 1017 EMILY'S WALK LN E JACKSONVILLE, FL	STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP		TITLE	
TITLE	S YATES, SABRINA 7579 ORTEGA BLUFF PKWY JACKSONVILLE, FL 32244	NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

300055984433

06/09/05--01071--011 **70.00

DIRECTOR

WISA H. DARRELL
 1090 BURNT MILL ROAD #308
 JACKSONVILLE, FL 32256

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 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: *Mascareen Smart* (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) DATE *6-6-05* Daytime Phone #