

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2006 08:00 AM
Secretary of State

DOCUMENT # N04000009822

1. Entity Name
HIS GLORY PALACE MINISTRIES INTERNATIONAL, INC.



Principal Place of Business

**6 DEWITT COURT #1
EUSTIS, FL 32736**

Mailing Address

**6 DEWITT COURT #1
EUSTIS, FL 32736**



02172006 No Chg-NP

CRZE037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-2685225

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CHILES, CEDRIC O
6 DEWITT COURT #1
EUSTIS, FL 32736**

**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

Cedric Chiles
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when rotating)

DATE

4.17.06

**Filing Fee is \$61.25
Due by May 1, 2006**

**9. Election Campaign Financing
Trust Fund Contribution.** ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	CHILES, CEDRIC O
STREET ADDRESS	6 DEWITT COURT #1
CITY-ST-ZIP	EUSTIS, FL 32736
TITLE	T
NAME	CHILES, JACQUELINE K
STREET ADDRESS	6 DEWITT COURT #1
CITY-ST-ZIP	EUSTIS, FL 32736
TITLE	T
NAME	MARTIN, BENITA
STREET ADDRESS	17015 ORANGE AVE
CITY-ST-ZIP	UMATILLA, FL 32784
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

00000524875
05/04/06-80007-013 61.25

**DO NOT WRITE
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 person 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:

Cedric Chiles
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4.17.06 (352) 357-5491