

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000000243

FILED  
Apr 17, 2006  
Secretary of State

Entity Name: GRACE FOR GLORY MINISTRIES, INC.

## Current Principal Place of Business:

122 GLEN OAKS DR  
JACKSONVILLE, FL 32259

## New Principal Place of Business:

1082 EAGLE POINT DRIVE  
ST. AUGUSTINE, FL 32092

## Current Mailing Address:

122 GLEN OAKS DR  
JACKSONVILLE, FL 32259

## New Mailing Address:

P.O.BOX 600157  
JACKSONVILLE, FL 32260-157

FEI Number: 20-2292210

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

COPE, KATHY  
122 GLEN OAKS DR  
JACKSONVILLE, FL 32259 US

## Name and Address of New Registered Agent:

COPE, KATHY  
1082 EAGLE POING DRIVE  
ST. AUGUSTINE, FL 32092 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: KATHY COPE

04/17/2006

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: COPE, KATHY  
Address: 122 GLEN OAKS DR  
City-St-Zip: JACKSONVILLE, FL 32259

Title: D ( ) Delete  
Name: AYERS, CHARLENE  
Address: 12418 TOUCAN DR  
City-St-Zip: JACKSONVILLE, FL 32259

Title: S ( ) Delete  
Name: STOUTAMAYER, DEBRA  
Address: 829 LAPOMMA WAY  
City-St-Zip: JACKSONVILLE, FL 32259

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: COPE, KATHY  
Address: 1082 EAGLE POINT DRIVE  
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: D (X) Change ( ) Addition  
Name: COPE, LAFAYETTE  
Address: 1082 EAGLE POINT DRIVE  
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: T (X) Change ( ) Addition  
Name: STOUTAMAYER, DEBRA  
Address: 829 LAPOMMA WAY  
City-St-Zip: JACKSONVILLE, FL 32259

Title: S ( ) Change (X) Addition  
Name: PAMELA, COOGAN  
Address: 238 EDGEWATER BRANCH DRIVE  
City-St-Zip: JACKSONVILLE, FL 32259

I hereby certify that the information supplied with this filing does not qualify for the 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: KATHY COPE

D

04/17/2006

Electronic Signature of Signing Officer or Director

Date