

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002741

FILED
Mar 13, 2009
Secretary of State

Entity Name: GLAD TIDINGS FAMILY CHURCH, INC.

Current Principal Place of Business:

3827 WEST VINE STREET
KISSIMMEE, FL 34741

New Principal Place of Business:

Current Mailing Address:

3827 WEST VINE STREET
KISSIMMEE, FL 34741

New Mailing Address:

1850 WINDWARD OAKS COURT
KISSIMMEE, FL 34746

FEI Number: 20-5504733

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAYES, ROBERT S ESQ.
441 WEST VINE STREET
KISSIMMEE, FL 34741 US

Name and Address of New Registered Agent:

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:

Title: D () Delete
Name: WASSON, LEE
Address: 2335 ST. CROIX STREET
City-St-Zip: KISSIMMEE, FL 34741

Title: D () Delete
Name: WASSON, DOROTHY
Address: 2335 ST. CROIX STREET
City-St-Zip: KISSIMMEE, FL 34741

Title: D () Delete
Name: DENNING, JASON R
Address: 3533 SANCTUARY DRIVE
City-St-Zip: ST. CLOUD, FL 34769

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: HUGHES, DAVID M
Address: 1850 WINDWARD OAKS COURT
City-St-Zip: KISSIMMEE, FL 34746

Title: D (X) Change () Addition
Name: HUGHES, CHRISTINE
Address: 1850 WINDWARD OAKS COURT
City-St-Zip: KISSIMMEE, FL 34746

Title: D (X) Change () Addition
Name: SIMMONS, STANLEY R
Address: 1706 PLEASANT HILL ROAD
City-St-Zip: KISSIMMEE, FL 34746

I hereby certify that the information supplied with this filing does not qualify 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: DAVID M. HUGHES

D

03/13/2009

Electronic Signature of Signing Officer or Director

Date