


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2007 8:00 am
Secretary of State

02-13-2007 90006 036 ****70.00

DOCUMENT # N06000003092		
1. Entity Name CROWN AND GLORY MINISTRIES, INC.		

Principal Place of Business 4900 N MACDILL AVE A-33 TAMPA, FL 33614	Mailing Address 4900 N MACDILL AVE A-33 TAMPA, FL 33614
--	--

2. Principal Place of Business - No P.O. Box # 12130 US Hwy 41 South Suite, Apt. #, etc. Lot #106	3. Mailing Address 12130 US Hwy 41 South Suite, Apt. #, etc. Lot #106
City & State Gibson, Florida Zip 33534-5531 Country USA	City & State Gibson, Florida Zip 33534-5531 Country USA

01032007 Chg-NP CR2E037 (12/06)

4. FEI Number 83-0451621	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
--

6. Name and Address of Current Registered Agent BRANTLEY, WINNIE MAE 4109 ARCH ST TAMPA, FL 33607	
---	--

7. Name and Address of New Registered Agent Name Brantley, Winnie Mae Street Address (P.O. Box Number is Not Acceptable) 12130 US Hwy 41 South Lot #106 City Gibson FL Zip Code 33534	
---	--

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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 NAME STREET ADDRESS CITY-ST-ZIP	ED DERIGO, MICHAEL 4900 N MACDILL AVE, APT A-33 TAMPA, FL 33614 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED Derigo, Michael 12130 US Hwy 41 South Lot #106 Gibson, FL 33534-5531 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAXON, WILLIAM E JR. 15 DYCHES DR SAVANNAH, GA 31406 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRANTLEY, WINNIE MAE 4109 ARCH ST TAMPA, FL 33607 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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

Michael W. Derigo Executive Director

2/9/2007