

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005007

FILED  
Feb 26, 2008  
Secretary of State

Entity Name: FAITH TO GLORY MINISTRIES, INC.

## Current Principal Place of Business:

P.O. BOX 881233  
PORT SAINT LUCIE, FL 34988

## New Principal Place of Business:

344 SW PRIMA VISTA BLVD  
PORT SAINT LUCIE, FL 34983

## Current Mailing Address:

344 S. W. PRIMA VISTA BLVD  
PORT ST LUCIE, FL 34983

## New Mailing Address:

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CLARK, GERALDINE H  
344 S. W. PRIMA VISTA BLVD  
PORT ST LUCIE, FL 34983 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: C ( ) Delete  
Name: TROUTMAN, EVIN  
Address: 614 SE WALTON LAKE DR  
City-St-Zip: PORT ST LUCIE, FL 34952

Title: VC ( ) Delete  
Name: COOPER, CAROLYN  
Address: 1197 GULF STAR DRIVE  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: S ( ) Delete  
Name: MILLER, ANGELIA  
Address: 248 FAIRFIELD DR  
City-St-Zip: SANFORD, FL 32771

Title: T ( ) Delete  
Name: HAMILTON, CYNTHIA D  
Address: 208 N 30TH STREET  
City-St-Zip: FORT PIERCE, FL 34947

Title: PF ( ) Delete  
Name: CLARK, GERALDINE H  
Address: 344 S. W. PRIMA VISTA BLVD  
City-St-Zip: PORT ST LUCIE, FL 34983

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: GERALDINE CLARK

PAST

02/26/2008

Electronic Signature of Signing Officer or Director

Date