

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

9/8/2008-90001-049-\$62.00-\$62.00

**DOCUMENT #** *NO6000006833*

**1. Entity Name**  
GOD'S GLORY INTERNATIONAL MINISTRIES INC

*[Signature]*

**FILED**

08 SEP 26 PM 3:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**60046752**

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**  
537 SOUTH CENTRAL AVE  
Suite, Apt #, etc

**3. Mailing Address**  
PO BOX 585117  
Suite, Apt #, etc,

DO NOT WRITE IN THIS SPACE

**City & State**  
APOPKA, FL

**City & State**  
ORLANDO, FL

**Zip**  
32703

**Country**

**Zip**  
32789

**Country**

**4. FEI Number**  
20-5084679

**Applied For**  
☐ Not Applicable

**5. Certificate of Status Desired** ☒ **\$8.75 Additional Fee Required**

**DO NOT WRITE IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

**Name**  
HERBERT JONES

**Street Address (P.O. Box Number is Not Acceptable)**  
5554 REGAL OAK CIR

**City**  
ORLANDO

**FL**

**Zip Code**  
32811

**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** **4/15/2008**  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FEE IS \$61.25**  
**Initial or Amended UBR**

**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.   |                                   |
|---|---|---|-----------------------------------|
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PRESIDENT</b><br>HERBERT JONES<br>5554 REGAL OAK CIR<br>ORLANDO, FL 32811      | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                   |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VICE PRESIDENT</b><br>BRIDGET JONES<br>5554 REGAL OAK CIR<br>ORLANDO, FL 32811 | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                   |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DO NOT WRITE IN THIS SPACE</b> |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                   |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                   |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                   |

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:** *[Signature]* **4/15/2008** **(407) 822-7640**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #