

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N06000012793

1. Entity Name  
TO GOD BE THE GLORY MINISTRIES INC.



Principal Place of Business  
524 EAST ORANGE AVENUE  
TALLAHASSEE, FL 32314

Mailing Address  
P.O. BOX 696  
MIDWAY, FL 32343

09 AUG 11 PM 3:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

08112009 REIN-NP

CR2E099 (1/07)

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$122.50

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME BRANTLEY, CHARLES J  
STREET ADDRESS 524 EAST ORANGE AVENUE  
CITY-ST-ZIP TALLAHASSEE, FL 32314

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 900159485099  
CITY-ST-ZIP 08/12/09--01001--010 \*\*122.50

TITLE VPD ☐ Delete  
NAME KNIGHT, ABBIE  
STREET ADDRESS 524 EAST ORANGE AVENUE  
CITY-ST-ZIP TALLAHASSEE, FL 32314

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S ☐ Delete  
NAME DOW, CAROLYN  
STREET ADDRESS 524 EAST ORANGE AVENUE  
CITY-ST-ZIP TALLAHASSEE, FL 32314

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE T ☐ Delete  
NAME JOHNSON, ERIC L  
STREET ADDRESS 524 EAST ORANGE AVENUE  
CITY-ST-ZIP TALLAHASSEE, FL 32314

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME BURTON, BRENT  
STREET ADDRESS 524 EAST ORANGE AVENUE  
CITY-ST-ZIP TALLAHASSEE, FL 32314

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME KNIGHT, KEITH  
STREET ADDRESS 524 EAST ORANGE AVENUE  
CITY-ST-ZIP TALLAHASSEE, FL 32314

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *Abbie M. Knight* ABBIE M Knight 11 Aug 2009 3214875  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone