## 2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## DOCUMENT # N07000000290

ALWAYS FOR HIS GLORY MINISTRY, INC



**FILED** 

Apr 07, 2008 8:00 am Secretary of State

04-07-2008 90030 031 \*\*\*\*61.25

Principal Place of Business Mailing Address 9040 MANCHESTER LANE 9040 MANCHESTER LANE 40000-WEST MELBOURNE, FL 32904 WEST MELBOURNE, FL 32904 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02032008 Chq-NP CR2E037 (12/06) City & State City & State 4. FEI Number Applied For 20-8281304 Not Applicable \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NOREN, PATRICIA A Street Address (P.O. Box Number is Not Acceptable) 9040 MANCHESTER LANE WEST MELBOURNE, FL 32904 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 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2008 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Delete TITLE ☐ Change ■ Addition NOREN, PATRICIA A NAME NAME 9040 MANCHESTER LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WEST MELBOURNE, FL 32904 CITY-ST-ZIP VP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NOREN, DONALD H NAME STREET ADDRESS 9040 MANCHESTER LANE STREET ADDRESS CITY-ST-ZIP WEST MELBOURNE, FL 32904 CITY-ST-ZIP Addition TITLE ☐ Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Delete ☐ Change TITLE TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 attachen with an address, with all other like emp

**SIGNATURE:** 

321.724.9703