

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000010401

FILED  
Apr 10, 2008  
Secretary of State

**Entity Name:** THE GLORY OF GOD ANGLICAN CHURCH, INC.

**Current Principal Place of Business:**

917 PINE BAUGH STREET  
ROCKLEDGE, FL 32955 US

**New Principal Place of Business:**

3735 N INDIAN RIVER DR  
COCOA, FL 32926 US

**Current Mailing Address:**

917 PINE BAUGH STREET  
ROCKLEDGE, FL 32955 US

**New Mailing Address:**

3735 N INDIAN RIVER DR  
COCOA, FL 32926 US

**FEI Number:** 51-0653888

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

HOYLE, RALPH G  
979 CARDON DR.  
ROCKLEDGE, FL 32955 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: P ( ) Delete  
Name: HOYLE, RALPH G  
Address: 979 CARDON DR.  
City-St-Zip: ROCKLEDGE, FL 32955 US

Title: VP ( ) Delete  
Name: KITTREDGE, SYLVIA  
Address: 329 MERIDIAN RUN DR.  
City-St-Zip: COCOA, FL 32926 US

Title: TR ( ) Delete  
Name: TRAVASSOS, DORIS  
Address: 917 PINE BAUGH STREET  
City-St-Zip: ROCKLEDGE, FL 32955 US

**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:

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: DORIS TRAVASSOS

MRS

04/10/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date