


FILE NOW: FILING FEE IS \$61.25

FILED

May 13 1997 8:00am  
Secretary of State

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br>1997  |  |         |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS   |  |
| DOCUMENT # N20870 (4)<br>1. Corporation Name<br>CLOUD OF GLORY WORSHIP CENTER, INC.   |  |  |  |  |  |
| Principal Place of Business<br>7002 E. MARTIN LUTHER KING BLVD.<br>TAMPA FL 33619<br>US   |  |  | Mailing Address<br>7002 E. MARTIN LUTHER KING BLVD.<br>TAMPA FL 33619-1126<br>US |  |  |
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip<br>24 Country   |  | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip<br>29 Country |  | 3. Date Incorporated or Qualified<br>05/28/1987<br>3a. Date of Last Report<br>04/12/1996<br>4. FEI Number<br>59-2815714<br>5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required<br>6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees<br>7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| 9. Name and Address of Current Registered Agent<br>TAYLOR, NATHAN J.<br>1612 DUSTY ROSE LN<br>BRANDON FL 33510  |  |  |  | 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City<br>FL 85 Zip Code  |  |
| 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 617.0503, Florida Statutes.   |  |  |  |  |  |
| SIGNATURE _____<br>(NOTE: Registered Agent signature required when reinstating)   |  |  |  |  |  |
| 12. OFFICERS AND DIRECTORS<br>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12   |  |  |  |  |  |
| 12.1<br>TITLE PD<br>NAME TAYLOR, NATHAN J.<br>STREET ADDRESS 1612 DUSTY ROSE LANE<br>CITY - ST - ZIP BRANDON FL   |  |  | 13.1<br>1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY - ST - ZIP       |  |  |
| 12.2<br>TITLE SD<br>NAME TAYLOR, BONNYE L.<br>STREET ADDRESS 1612 DUSTY ROSE LANE<br>CITY - ST - ZIP BRANDON FL   |  |  | 13.2<br>2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY - ST - ZIP       |  |  |
| 12.3<br>TITLE TB<br>NAME BARTON, ALLENE<br>STREET ADDRESS 4306 LASALLE ST<br>CITY - ST - ZIP TAMPA FL   |  |  | 13.3<br>3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY - ST - ZIP       |  |  |
| 12.4<br>TITLE SD<br>NAME DAVIS, VICTORIA<br>STREET ADDRESS 6107 N 23RD ST<br>CITY - ST - ZIP TAMPA FL   |  |  | 13.4<br>4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY - ST - ZIP       |  |  |
| 12.5<br>TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |  |  | 13.5<br>5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY - ST - ZIP       |  |  |
| 12.6<br>TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |  |  | 13.6<br>6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY - ST - ZIP       |  |  |
| 14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address. |  |  |  |  |  |
| SIGNATURE: <i>Rev. Nathan J. Taylor</i> <i>Rev. Nathan J. Taylor</i> (813) 620-1283<br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 6048554  |  |  |  |  |  |



CR2E037 (9/96)