


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$81.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 13, 1999 8:00 am
Secretary of State

08-13-1999 90015 022 ****70.00

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N25957					
1. Corporation Name GLORY CHAPEL OUTREACH INC.					
Principal Place of Business GLORY CHAPEL OUTREACH 4626 NE 49TH BLVD WILDWOOD FL 34785 US			Mailing Address 4626 NE 49TH BLVD WILDWOOD FL 34785 US		
2. Principal Place of Business 21 GLORY Chapel outreach Suite, Apt. #, etc. 22 4732 N.E. 49th Blvd. City & State 23 Wildwood, FL. Zip 24 34785		2a. Mailing Address 26 GLORY Chapel outreach Suite, Apt. #, etc. 27 4732 N.E. 49th Blvd. City & State 28 Wildwood, FL. Zip 29 34785		3. Date Incorporated or Qualified 04/18/1988 4. FEI Number 59-2884369 Applied For Not Applicable 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent CHASSIE, DUANE CR 181 (AT YOUTH CHALLENGE) PO BOX 999 WILDWOOD, FL 32785			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ Signature, typed or printed name of registered agent and title if applicable.					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE D <input type="checkbox"/> DELETE NAME CHASSIE, DUANE REV. STREET ADDRESS COUNTY RD. 181 CITY-ST-ZIP WILDWOOD FL 34785			1.1 TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME Shaw, George 1.3 STREET ADDRESS CR. 181 1.4 CITY-ST-ZIP Wildwood, FL. 34785		
TITLE D <input checked="" type="checkbox"/> DELETE NAME CARRILLO, LUIS STREET ADDRESS COUNTRY RD. 181 CITY-ST-ZIP WILDWOOD FL 34785			2.1 TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.2 NAME Shaw, Jamie 2.3 STREET ADDRESS CR. 181 2.4 CITY-ST-ZIP Wildwood, FL. 34785		
TITLE D <input type="checkbox"/> DELETE NAME BUNN, GEORGE STREET ADDRESS COUNTY RD. 181 CITY-ST-ZIP WILDWOOD FL 34785			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE D <input type="checkbox"/> DELETE NAME COLON, WILFREDO STREET ADDRESS COUNTY RD. 181 CITY-ST-ZIP WILDWOOD FL 34785			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		

14. 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 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, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** *[Signature]* **Res. 8-3-99**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/99)