FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # N43150 (4)					
TO GOD BE ALL GLORY, MINISTRIES, INC.					
Principal Plac	e of Business	Mailing Address			
921 N.W. 3RD ST. P.O.BOX 105 P.O. BOX 105 BOYNTON BEACH FL 3342			25-0105		
BOYNTON BEA	CH FL 33425	US		3. Date Incorporated or Qualified 04/23/1991	3a. Date of Last Report 03/15/1996
2. Principal P	2. Principal Place of Business 2a. Mailing Address			4. FEI Number	Applied For
21 26			65-0257205	Not Applicable	
Suite, Apt	#, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	City & State City & State			6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Ζιρ	Country	Zip	Country	8. This corporation has liability for in	
24	25 9. Name and Address of Curre	29 ant Registered Agent	30	Fiorida Statutes 10. Name and Address of New Reg	Yes No
	5, Name and Address of Valle	on negatored Agent	B1 Name	10. Ramo and Addies of Abe No.	keraren wann
THOMPKINS, VIOLA G. B2 Street Ar			62 Street Add	ress (P.O. Box Number is Not Acceptable	۵)
921 N.W. 3RD ST				(F.O. DOX NUMBER IS NOT ACCEPTED	Ψ/
BOYNTO	ON BEACH FL 33435		[83]		
			84 City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 617,05	602 and 617.1508, Florida Statute of Florida, Such change was	ites, the above-named cor	poration submits this statement for the pution's board of directors. I hereby accep	urpose of changing its registered
agent La	im familia with, and accoul the obli	gations of, Section 617 0503, F	lorida Statutas.]	10/07
SIGNATURE.	Signature: typed or printed name of registered a	wort and tida li and able /NO	TE Registered Agent signature requ	ired when reinclating)	SU/ /
12.		ND DIRECTORS	13,	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
1 1Lf	DVP	DELETE	1.1 TITLE		Change Addition
NAME	THOMPKINS, FLOYD, JR.		12 NAME		
STHEET ADDRESS	1136 MANDELA CT.		13 STREET ADDRESS		
CITY - ST - 7IP	EAST PALO ALTO CA	The series	1.4 CITY - ST - ZIP		
TITLE	DPS THOMPKINS, VIOLA G.	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS	921 NW 3RD ST.		2.2 NAME		
CITY-ST-ZIP	BOYNTON BEACH FL		2.3 STREET ADDRESS 2. 4 CITY - ST - ZIP	•	
TITLE	DST	☐ DELETE	3.1 TITLE		Change Addition
NAME	RINGDAHL, JAMES & SAND	RA	3.2 NAME		
STREET ADDRESS	2859 SOMERSET RD.		3.3 STREET ADDRESS		
CITY - ST - ZIP	LANTANA FL		3.4. CITY-ST-ZIP		
TITLE	D D	DELETE	4.1 TITLE		Change Addition
NAME	SAUNDERS, LILLIAN	- 404	4. 2 NAMÉ		
STREET ADDRESS	2104 CYPRESS BEND DRIVI POMPANO BEACH FL	E, 401	4.3 STREET ADDRESS		
CITY - ST - 76°	FUMPANO DEACH FL	DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
NAME		Special artists to U.S.	5.2 NAME		Print account in print a supplication
STREET ADDIESS			5.3 STREET ADORESS		
CHY-S1-7IP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE	***************************************	Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY - ST - ZIP	1		6.4 CITY-ST-ZIP		

14. Los 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 an attachment with a address.

SIGNATURE:

FILED

Mar 25 1997 8:00am

Secretary of State