

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N43150

1. Entity Name

TO GOD BE ALL GLORY, MINISTRIES, INC.

Principal Place of Business

921 N.W. 3RD ST.
P.O. BOX 105
BOYNTON BEACH FL 33425

Mailing Address

P.O. BOX 105
BOYNTON BEACH FL 33425-0105
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0257205

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THOMPkins, VIOLA G.
921 N.W. 3RD ST
BOYNTON BEACH FL 33435

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE DVP
NAME THOMPkins, FLOYD, JR.
STREET ADDRESS 1136 MANDELA CT.
CITY-ST-ZIP EAST PALO ALTO CA ☐ Delete

TITLE DPS
NAME THOMPkins, VIOLA G.
STREET ADDRESS 921 NW 3RD ST.
CITY-ST-ZIP BOYNTON BEACH FL ☐ Delete

TITLE DST
NAME RINGDAHL, JAMES & SANDRA
STREET ADDRESS 2859 SOMERSET RD.
CITY-ST-ZIP LANTANA FL ☐ Delete

TITLE D
NAME SAUNDERS, LILLIAN
STREET ADDRESS 2104 CYPRESS BEND DRIVE, 401
CITY-ST-ZIP POMPANO BEACH FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DVP
NAME THOMPkins, FLOYD, JR.
STREET ADDRESS 1136 MANDELA CT.
CITY-ST-ZIP EAST PALO ALTO CA ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 25, 2000 8:00 am
Secretary of State

02-25-2000 90009 030 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)