


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90054 037 \*\*\*\*61.25

<b>DOCUMENT # N43150</b> 1. Entity Name TO GOD BE ALL GLORY, MINISTRIES, INC.	
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34043114



03302004 Chg-NP CR2E037 (10/03)

Principal Place of Business 2859 SOMERSET RD. LAKE WORTH, FL 33462-3865	Mailing Address P.O. BOX 105 BOYNTON BEACH, FL 33425 US
2. Principal Place of Business 2859 SOMERSET RD Suite, Apt. #, etc.	3. Mailing Address 2859 SOMERSET RD Suite, Apt. #, etc.

City & State LANTANA, FLA.	City & State LANTANA, FLA.
Zip 33462-3865	Zip 33462-3865
Country P.B.	Country P.B.

4. FEI Number 65-0257205	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent RINGDAHL, JAMES D 2859 SOMERSET RD. LAKE WORTH, FL 33462-3865	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE JAMES D. RINGDAHL Signature, typed or printed name of registered agent and title if applicable.	DATE 3-30-04 (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP THOMPCKINS, FLOYD JR 9109 BOWENS MILL RD BROXTON, GA 31519 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS THOMPCKINS, VIOLA G. 216 E. JEFFERSON ST. DOUGLAS, GA 31534 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST RINGDAHL, JAMES & SANDRA 2859 SOMERSET RD. LANTANA, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAUNDERS, LILLIAN 2104 CYPRESS BEND DRIVE, 401 POMPANO BEACH, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: JAMES D. RINGDAHL - JAMES D. RINGDAHL SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE: 3-30-04 Daytime Phone #: 561-968-1105