

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43150

FILED
Feb 10, 2009
Secretary of State

Entity Name: TO GOD BE ALL GLORY, MINISTRIES, INC.

Current Principal Place of Business:

6290 NORTHEAST 185TH TERRACE
WILLISTON, FL 32696 US

New Principal Place of Business:

Current Mailing Address:

6290 NORTHEAST 185TH TERRACE
WILLISTON, FL 32696 US

New Mailing Address:

FEI Number: 65-0257205

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RINGDAHL, JAMES D
6290 NORTHEAST 185TH TERRACE
WILLISTON, FL 32696 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DVP () Delete
Name: THOMPkins, FLOYD JR
Address: 9109 BOWENS MILL RD
City-St-Zip: BROXTON, GA 31519

Title: DPS () Delete
Name: THOMPkins, VIOLA G.,
Address: 813 MEADOW LANE DRIVE
City-St-Zip: DOUGLAS, GA 31533

Title: DST () Delete
Name: RINGDAHL, JAMES & SA, NDRA
Address: 6290 NORTHEAST 185TH TERRACE
City-St-Zip: WILLISTON, FL 32696

Title: D () Delete
Name: SAUNDERS, LILLIAN
Address: 2104 CYPRESS BEND DRIVE, #401
City-St-Zip: POMPANO BEACH, FL 33069 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VIOLA G. THOMPkins

DPS

02/10/2009

Electronic Signature of Signing Officer or Director

Date