

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 27, 2003 8:00 am**  
**Secretary of State**

03-27-2003 90099 034 \*\*\*\*61.25

**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  
US

2. Principal Place of Business

**2859 SOMERSET RD**

3. Mailing Address

**SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**LANTANA, FLA.**

City & State

4. FEI Number **65-0257205**

Applied For

Not Applicable

Zip

**33462-3865**

Country

**PB**

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**THOMPkins, VIOLA G.**

**921 N.W. 3RD ST  
BOYNTON BEACH FL 33435**

7. Name and Address of New Registered Agent

Name **JAMES D. RINGDAHL**

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

**2859 SOMERSET RD**

City **LANTANA**

**FL**

Zip Code

**33462-3865**

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** *James D. Ringdahl*

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

(NOTE: Registered Agent signature required when re-registering)

**3-15-03**

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **DVP** ☐ Delete  
NAME **THOMPkins, FLOYD JR**  
STREET ADDRESS **9109 BOWENS MILL RD**  
CITY-ST-ZIP **BROXTON GA 31519**

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

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☒ Change ☐ Addition  
NAME **DPS**  
STREET ADDRESS **THOMPkins VIOLA G.**  
CITY-ST-ZIP **216 E. JEFFERSON ST.  
DOUGLAS, GA 31534**

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

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

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

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

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*

**3-15-03**

**561-968-1105**

CR2E037 (10/02)