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

DOCU 1. Corporation	MENT # N4406	3 (8)			
FOR Y	OUR GLORY, INC.				H 110 101 101 101 101 101 101 101
Principal Plac	ce of Business	Mailing Address		- I INDICATI EM BANK BANK BUKE DREED I	fil Britt Bibli Bibli Bibli bibli bibli
PO BOX 3152 PO BOX 3152 TITUSVILLE FL 32781-3152				·	
				3. Date incorporated or Qualified 06/26/1991	3a. Date of Last Report 03/08/1996
—-, '	Place of Business	2a. Mailing Address		4. FEI Number 59-3071303	Applied For
Suite, Apt.	# elc	26 Suite, Apt. #, etc.			Not Applicable \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Stat	City & State City & State			6. Election Campaign Financing	\$5.00 May Be
23 Zip	Country	28	Country	Trust Fund Contribution	Added to Fees
24	25	├ ─¬ !	30]	8. This corporation has liability for i	ntangibie tax under s. 199.032, Yes X No
	9. Name and Address of Curre			10. Name and Address of New Re	
			81 Name		
RICHMOND, BARBARA M. 1814 MALINDA LANE			82 Street Add		
titusvi	LLE FL 32798		83		
			84 City		FL 85 Zip Code
11 Purcupat	to the provisions of Sections 617.05	02 and 617 1509 Florida Statute	s the shove named cor	poration submits this statement for the n	
agent. La SiGNATURE	am familiar with, and accept the oblig		rida Statutes. Registered Agent signature requi	poration submits this statement for the p tion's board of directors. I hereby accep fired when reinstating)	DAYE
12.	OFFICERS AN	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	PD DATE TO BE TO B	☐ DELETE	1.1 TITLE		Change Addition
NAME OFFICE LEADERS	RICHMOND, BARBARA M		1.2 NAME		
STREET ADDRESS	1814 MALINDA LANE TITUSVILLE FL		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	VPD	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
NAME	RICHMOND, MICHAEL W		22 NAME		!
STREET ADDRESS	1814 MALINDA LANE		2.3 STREET ADDRESS		
CITY-ST-ZIP	TITUSVILLE FL		2. 4 CITY-ST-ZIP		
TITLE	SD	☐ DÉLETE	3.1 TITLE		Change Addition
NAME	VERNER, DIANE		3.2 NAME		
STREET ADDRESS	1409 SILVERLAKE DRIVE		3.3 STREET ADDRESS		
CITY - ST - ZIP TITLE	MELBOURNE FL 32941	☐ DELETE	3 4. CITY - ST - ZIP 4.1 TITLE		Change Addition
NAME	D BERNIER, ROBERT C	F OFFICE	4. 2 NAME		— coda — co
STREET ADDRESS	565 SHADOW WOOD LANE	# 331	4.3 STREET ADDRESS		
CITY-ST-ZIP	TITUSVILLE FL		4.4 CITY - ST - ZIP		
TITLE	D	DELETE	5.1 TITLE		Change Addition
NAME	CHINN, JANIE B.		52 NAME		
STREET ADDRESS	1880 CRAWFORD AVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	MERRITT ISLAND FL		5.4 CITY-ST-ZIP		Day Day
TITLE	t t	☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	by could shot the information available	ad with this filing does not evalif	6.4 City-ST-ZIP	d in Section 119 07/3VI) Florida Statute	. I further partify that the

I do nereby 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 on an attachment with an address.

FILED

May 09 1997 8:00am

Secretary of State