

FILE NOW: FILING FEE IS \$61.25

FILED
May 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # N44063 (8)

1. Corporation Name
FOR YOUR GLORY, INC.

Principal Place of Business PO BOX 3152 TITUSVILLE FL 32781-3152	Mailing Address PO BOX 3152 TITUSVILLE FL 32781-3152
--	--

2. Principal Place of Business 21 P.O. Box 540401	2a. Mailing Address 26 P.O. Box 540401
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State 23 Merritt Island, FL	City & State 27 Merritt Island, FL
Zip 24 32954-0401	Country 25 USA

3. Date Incorporated or Qualified 06/26/1991
4. FEI Number 59-3071303
Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

**RICHMOND, BARBARA M.
1814 MALINDA LANE
TITUSVILLE FL 32796**

10. Name and Address of New Registered Agent

**81 Name Richmond, Barbara M.
82 Street Address (P.O. Box Number is Not Acceptable) 1880 Crawford Ave
83
84 City Merritt Island FL 85 Zip Code 32952**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Barbara M. Richmond* **2-23-98**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	RICHMOND, BARBARA M
STREET ADDRESS	1814 MALINDA LANE
CITY-ST-ZIP	TITUSVILLE FL
TITLE	VPO <input type="checkbox"/> DELETE
NAME	RICHMOND, MICHAEL W
STREET ADDRESS	1814 MALINDA LANE
CITY-ST-ZIP	TITUSVILLE FL
TITLE	SD <input type="checkbox"/> DELETE
NAME	VERNER, DIANE
STREET ADDRESS	1409 SILVERLAKE DRIVE
CITY-ST-ZIP	MELBOURNE FL 32941
TITLE	D <input type="checkbox"/> DELETE
NAME	BERNIER, ROBERT C
STREET ADDRESS	565 SHADOW WOOD LANE #331
CITY-ST-ZIP	TITUSVILLE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	CHINN, JANIE B.
STREET ADDRESS	1880 CRAWFORD AVE
CITY-ST-ZIP	MERRITT ISLAND FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Richmond, Barbara M,
1.3 STREET ADDRESS	1880 Crawford Ave
1.4 CITY-ST-ZIP	Merritt Island, FL 32952
2.1 TITLE	VPO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Richmond, Michael W.
2.3 STREET ADDRESS	1880 Crawford Ave
2.4 CITY-ST-ZIP	Merritt Island, FL 32952
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Cox, Janie B. (New Married Name)
5.3 STREET ADDRESS	1818 Abbeyridge Pr.
5.4 CITY-ST-ZIP	Merritt Island, FL 32952
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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.

SIGNATURE: *Barbara M. Richmond* **2-23-98 407-383-9229**

CR2E037 (10/97)