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Mar 23, 1999 8:00 am
Secretary of State

03-23-1999 90028 012 ****61.25

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N44063

1. Corporation Name

FOR YOUR GLORY, INC.

Principal Place of Business

POB 540401
MERRITT ISLAND FL 32954
US

Mailing Address

POB 540401
MERRITT ISLAND FL 32954
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

06/26/1991

4. FEI Number
59-3071303

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

RICHMOND, BARBARA M.
1880 CRAWFORD AVE
MERRITT ISLAND FL 32952
2124 Otterbein Ave.
Cocoa, FL 32926

10. Name and Address of New Registered Agent

81 Name *Same*
82 Street Address (P.O. Box Number is Not Acceptable)
2124 Otterbein Ave
83 *Cocoa,*
84 City **FL** 85 Zip Code **32926**

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

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	1880 CRAWFORD AVE	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	RICHMOND, MICHAEL W	
STREET ADDRESS	1880 CRAWFORD AVE	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	VERNER, DIANE	
STREET ADDRESS	1409 SILVERLAKE DRIVE	
CITY-ST-ZIP	MELBOURNE FL 32941	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BERNIER, ROBERT C	
STREET ADDRESS	565 SHADOW WOOD LANE #331	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	COS, J B	
STREET ADDRESS	1818 ABBEYRIDGE DR	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	
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	2124 Otterbein Ave.	
1.4 CITY-ST-ZIP	Cocoa, FL 32926	
2.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Richmond, Michael W	
2.3 STREET ADDRESS	2124 Otterbein Ave.	
2.4 CITY-ST-ZIP	Cocoa, FL 32926	
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	Clayton, Alvin M.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	501 Edgar Poole Rd.	
4.3 STREET ADDRESS	Crawfordville, FL	
4.4 CITY-ST-ZIP	32327	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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, with all other like empowered.

SIGNATURE:

Barbara M Richmond
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 11, 1999
Date

407-459-9819
Daytime Phone #

CR2F037 (11/98)