

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N44063

1. Entity 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

2609 N. Clearlake Rd.

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 724

Suite, Apt. #, etc.

City & State

COCOA, FL

City & State

Woodland Park, CO

Zip

32922

Country

USA

Zip

80866

Country

USA

4. FEI Number

59-3071303

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RICHMOND, BARBARA M.
5812 DEER TRAIL
TITUSVILLE FL 32780

7. Name and Address of New Registered Agent

Name

RICHMOND, BARBARA M.

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

2609 N. CLEARLAKE RD

City

COCOA

FL

Zip Code

32922

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.

SIGNATURE

Barbara M. Richmond

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

(NOTE: Registered Agent signature required when reinstating)

3/12/2001

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
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME RICHMOND, BARBARA M
STREET ADDRESS 5812-DEER-TRAIL
CITY-ST-ZIP TITUSVILLE FL 32780 ☐ Delete

TITLE D
NAME ANDERSON, BARBARA
STREET ADDRESS 5812 DEER TRAIL
CITY-ST-ZIP TITUSVILLE FL 32780 ☒ Delete

TITLE SD
NAME VERNER, DIANE
STREET ADDRESS 1409 SILVERLAKE DRIVE
CITY-ST-ZIP MELBOURNE FL 32941 ☐ Delete

TITLE D
NAME CLAYTON, ALVIN M
STREET ADDRESS 501-EDGAR-POOLE RD.
CITY-ST-ZIP CRAWFORDVILLE FL 32327 ☐ Delete

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 2609 N. Clearlake Rd.
CITY-ST-ZIP COCOA, FL 32922

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

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

TITLE VICE-PRESIDENT DIRECTOR
NAME Clayton, Alvin M.
STREET ADDRESS 128 BROKEN WHEEL RD
CITY-ST-ZIP Woodland Park, CO 80863 ☒ Change ☐ Addition

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:

Barbara M. Richmond

BARBARA M. RICHMOND

3/12/2001

321-631-1397

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)



DO NOT WRITE IN THIS SPACE