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FILED
Apr 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N49109 (4)
 1. Corporation Name
KING OF GLORY MINISTRIES - JESUS IS THE ANSWER, INC.



Principal Place of Business 2380 WASHINGTON ST BARTOW FL 33830 US	Mailing Address 2380 WASHINGTON ST BARTOW FL 33830
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3. Date incorporated or Qualified
05/28/1992

4. FEI Number 59-3457872	Applied For <input type="checkbox"/>
	Not Applicable <input checked="" type="checkbox"/>

2. Principal Place of Business 21 2380 Washington St. Suite, Apt. #, etc.	2a. Mailing Address 26 2380 Washington St. Suite, Apt. #, etc.
22 N.A.	27 N.A.
23 Barlow, Fl. 33830 City & State	28 Barlow, Fl. 33830 City & State
24 33830 Zip	29 33830 Zip
25 Polk Country	30 Polk Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent
BARON, JOSEPH ESO
1030 OLIVE ST
LAKELAND FL 33802

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GLOVER, ROBERT L	
STREET ADDRESS	2380 WASHINGTON ST	
CITY-ST-ZIP	BARTOW FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HAYDEN, JANETTE	
STREET ADDRESS	4019 GOLF VILLAGE LOOP #5	
CITY-ST-ZIP	LAKELAND FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GLOVER, ESTELLA	
STREET ADDRESS	2380 WASHINGTON ST	
CITY-ST-ZIP	BARTOW FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JACOBS, COY L	
STREET ADDRESS	410 W PALM DR	
CITY-ST-ZIP	LAKELAND FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MASON, MABEL	
STREET ADDRESS	1234 REYNOLDS RD	
CITY-ST-ZIP	LAKELAND FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MEYERHOFF, FRIEDA	
STREET ADDRESS	1001 CARPENTERS WAY	
CITY-ST-ZIP	LAKELAND FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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	<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.

SIGNATURE: _____ Date: **4/16/98** Daytime Phone: **941 533-0184**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/97)