

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Feb 16, 1999 8:00 am
Secretary of State

02-16-1999 90025 002 ****61.25

DOCUMENT # N49109

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**



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country 30

3. Date Incorporated or Qualified

05/28/1992

4. FEI Number

59-3457872

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

**BARON, JOSEPH ESQ
1030 OLIVE ST
LAKELAND FL 33802**

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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
NAME GLOVER, ROBERT L
STREET ADDRESS 2380 WASHINGTON ST
CITY-ST-ZIP BARTOW FL ☐ DELETE

TITLE D
NAME HAYDEN, JANETTE
STREET ADDRESS 4019 GOLF VILLAGE LOOP #5
CITY-ST-ZIP LAKELAND FL ☐ DELETE

TITLE D
NAME GLOVER, ESTELLA
STREET ADDRESS 2380 WASHINGTON ST
CITY-ST-ZIP BARTOW FL ☐ DELETE

TITLE D
NAME JACOBS, COY L
STREET ADDRESS 410 W PALM DR
CITY-ST-ZIP LAKELAND FL ☐ DELETE

TITLE D
NAME MASON, MABEL
STREET ADDRESS 1234 REYNOLDS RD
CITY-ST-ZIP LAKELAND FL ☐ DELETE

TITLE D
NAME MEYERHOFF, FRIEDA
STREET ADDRESS 1001 CARPENTERS WAY
CITY-ST-ZIP LAKELAND FL ☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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: **Robert L. Glover** REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 22, 1999

Date

941-533-0184

Daytime Phone #

CR2E037 (11/98)