


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2006 8:00 am
Secretary of State

02-03-2006 90010 048 ****61.25

| | | | | | |
|--|---------------------------|---------------------------------|--|---|--|
| DOCUMENT # N49109 | | | |  | |
| 1. Entity 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 | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-3457872 | |
| | | | | Applied For Not Applicable | |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| BARON, JOSEPH ESQ 1030 OLIVE ST LAKELAND, FL 33802 | | | Name | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | City | | |
| | | | FL Zip Code | | |
| 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| | | | Make check payable to Florida Department of State | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | PD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | GLOVER, ROBERT L | | NAME | | |
| STREET ADDRESS | 2380 WASHINGTON ST | | STREET ADDRESS | | |
| CITY-ST-ZIP | BARTOW, FL | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | HAYDEN, JANETTE | | NAME | | |
| STREET ADDRESS | 4019 GOLF VILLAGE LOOP #5 | | STREET ADDRESS | | |
| CITY-ST-ZIP | LAKELAND, FL | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | KIRKLAND, VANESSA | | NAME | | |
| STREET ADDRESS | 1265 VIRGINA QUE | | STREET ADDRESS | | |
| CITY-ST-ZIP | BARTOW, FL 33830 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | JACOBS, COY L | | NAME | | |
| STREET ADDRESS | 410 W PALM DR | | STREET ADDRESS | | |
| CITY-ST-ZIP | LAKELAND, FL | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | BENITEZ, EFRAM REV | | NAME | | |
| STREET ADDRESS | 5646 SAWYER RD | | STREET ADDRESS | | |
| CITY-ST-ZIP | LAKELAND, FL 33810 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | PERKINS, DANIEL | | NAME | | |
| STREET ADDRESS | 11705 OLD DADE CITY RD | | STREET ADDRESS | | |
| CITY-ST-ZIP | KATHLEEN, FL 33849 | | CITY-ST-ZIP | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Robert L. Glover</u> 1-30-06 863-533-0184 | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |