


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 14, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N49109</b>	
1. Entity Name <b>KING OF GLORY MINISTRIES - JESUS IS THE ANSWER, INC.</b>	

Principal Place of Business <b>2380 WASHINGTON ST BARTOW FL 33830 US</b>	Mailing Address <b>2380 WASHINGTON ST BARTOW FL 33830 US</b>
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>59-3457872</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

1st MOORE CR2E037 (10/06)

6. Name and Address of Current Registered Agent <b>BARON, JOSEPH ESQ 1030 OLIVE ST LAKELAND FL 33802</b>	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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 re-registering) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD GLOVER, ROBERT L 2380 WASHINGTON ST BARTOW FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D HAYDEN, JANETTE 4019 GOLF VILLAGE LOOP #5 LAKELAND FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D KIRKLAND, VANESSA 1265 VIRGINA QUE BARTOW FL 33830 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D JACOBS, COY L 410 W PALM DR LAKELAND FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D BENITEZ, EFRAM REV 5646 SAWYER RD LAKELAND FL 33810 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D PERKINS, DANIEL 11705 OLD DADE CITY RD KATHLEEN FL 33849 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Robert L. Glover x-3-10-07