

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 11, 2008 08:00 AM
Secretary of State

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
US**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

59-3457872

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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 ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP
**PD
GLOVER, ROBERT L
2380 WASHINGTON ST
BARTOW FL**

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP
**U00000824739
02/20/08-80089-023 61.25**

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP
**D
KIRKLAND, VANESSA
1265 VIRGINA QUE
BARTOW FL 33830**

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP
**D
BENITEZ, EFRAIM REV
5646 SAWYER RD
LAKELAND FL 33810**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP
**D
PERKINS, DANIEL
11705 OLD DADE CITY RD
KATHLEEN FL 33849**

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

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

268/118