

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 19 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000002102 (1)

1. Corporation Name

DECLARE HIS GLORY, INC.

Principal Place of Business

Mailing Address

1204 154TH STREET N.E.
BRADENTON FL 34202
US

P.O. BOX 83
BRADENTON FL 34206
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/25/1994 3a. Date of Last Report 04/19/1996

4. FEI Number 65-0491569 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

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PAGE, JAMES E.
1204 154TH STREET NE
BRADENTON FL 34202

81 Name

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

83

84 City

FL 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DCP
NAME SCHODER, WARREN R
STREET ADDRESS 2212 VERMONT DRIVE #B-102
CITY-ST-ZIP FORT COLLINS CO

1.1 TITLE DCP
1.2 NAME SCHODER, WARREN R
1.3 STREET ADDRESS 1805 Sandstone Ct
1.4 CITY-ST-ZIP Loveland, Co. 80537

TITLE DVT
NAME SCHODER, MARGO L
STREET ADDRESS 2212 VERMONT DRIVE B102
CITY-ST-ZIP FORT COLLINS CO

2.1 TITLE DVT
2.2 NAME SCHODER, MARGO L
2.3 STREET ADDRESS 1805 Sandstone Ct
2.4 CITY-ST-ZIP Loveland, Co 80537

TITLE DS
NAME MENZEL, LESLIE H
STREET ADDRESS 500 FUNNY FARM ROAD
CITY-ST-ZIP CLEVELAND GA

3.1 TITLE DS
3.2 NAME MENZEL, LESLIE H
3.3 STREET ADDRESS P.O. Box 708 Funny Farm Rd
3.4 CITY-ST-ZIP Cleveland, GA 30528-0708

TITLE D
NAME COOPER, JAMES E
STREET ADDRESS 11 COLONIAL DRIVE
CITY-ST-ZIP CONVENT STATION NJ

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

TITLE D
NAME HELLIER, CHARLES J.
STREET ADDRESS 8022 GLEN ABBEY LANE
CITY-ST-ZIP BRADENTON FL

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

TITLE D
NAME WALKER, RICHARD
STREET ADDRESS 1801 GULF DRIVE NORTH #216
CITY-ST-ZIP BRADENTON BEACH FL

6.1 TITLE D
6.2 NAME WALKER, Richard
6.3 STREET ADDRESS 2113 S. TULLE AVE
6.4 CITY-ST-ZIP SARASOTA, FL 34239

14. I do 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.

CR2E037 (4/97)