

FILE NOW: FILING FEE IS \$61.25

FILED
May 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000002102 (1)
 1. Corporation Name

DECLARE HIS GLORY, INC.



Principal Place of Business 1204 154TH STREET N.E. BRADENTON FL 34202 US	Mailing Address P.O. BOX 83 BRADENTON FL 34206 US
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3. Date Incorporated or Qualified 04/25/1994	Applied For Not Applicable
4. FEI Number 65-0491569	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHODER, WARREN R	1.2 NAME	
STREET ADDRESS	1805 SANDSTONE CT	1.3 STREET ADDRESS	
CITY - ST - ZIP	LOVELAND CO	1.4 CITY - ST - ZIP	
TITLE	DVT <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHODER, MARGO L	2.2 NAME	
STREET ADDRESS	1805 SANDSTONE CT	2.3 STREET ADDRESS	
CITY - ST - ZIP	LOVELAND CO	2.4 CITY - ST - ZIP	
TITLE	DS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MENZEL, LESLIE H	3.2 NAME	
STREET ADDRESS	P O BOX 708 FUNNY FARN RD	3.3 STREET ADDRESS	
CITY - ST - ZIP	CLEVELAND GA	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOPER, JAMES E	4.2 NAME	
STREET ADDRESS	11 COLONIAL DRIVE	4.3 STREET ADDRESS	
CITY - ST - ZIP	CONVENT STATION NJ	4.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HELLIER, CHARLES J.	5.2 NAME	
STREET ADDRESS	6022 GLEN ABBEY LANE	5.3 STREET ADDRESS	
CITY - ST - ZIP	BRADENTON FL	5.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALKER, RICHARD	6.2 NAME	
STREET ADDRESS	2113 S TUTTLE AVE	6.3 STREET ADDRESS	
CITY - ST - ZIP	SARASOTA FL	6.4 CITY - ST - ZIP	

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

SIGNATURE: Warren R Schoder **4/21/98** **970-613-0924**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0063768

CR2E037 (10/97)