

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 26, 1999 8:00 am
Secretary of State

07-26-1999 90014 049 ****61.25

DOCUMENT # N94000002102

1. Corporation Name

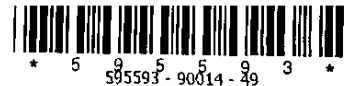
DECLARE HIS GLORY, INC.

Principal Place of Business

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

Mailing Address

~~P.O. BOX 83~~
~~BRADENTON FL 34206~~
P.O. Box 83
Bradenton, FL
334206
US



2. Principal Place of Business

21 Suite, Apt. #, etc.
22 3012 Magdalene Woods Dr
23 City & State
Tampa, FL
24 Zip 33618 25 Country USA

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

3. Date Incorporated or Qualified

04/25/1994

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

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 JILL KRALOVANEC
82 Street Address (P.O. Box Number is Not Acceptable)
3012 Magdalene Woods Dr.
83
84 City Tampa FL 85 Zip Code 33618

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

(NOTE: Registered Agent signature required when reinstating)

DATE 7/13/99

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
DCP	SCHODER, WARREN R	1805 SANDSTONE CT	LOVELAND, CO	<input type="checkbox"/>
DVT	SCHODER, MARGO L	1805 SANDSTONE CT	LOVELAND CO	<input type="checkbox"/>
DS	MENZEL, LESLIE H	P O BOX 708 FUNNY FARN RD	CLEVELAND GA	<input type="checkbox"/>
D	COOPER, JAMES E	11 COLONIAL DRIVE	CONVENT STATION NJ	<input type="checkbox"/>
D	HELLIER, CHARLES J.	6022 GLEN ABBEY LANE	BRADENTON FL	<input type="checkbox"/>
D	WALKER, RICHARD	2113 S TUTTLE AVE	SARASOTA FL	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
DCP	Warren R. Schoder	1234 Copper Ave	Love land, Co 80537	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DVT	marqo L. Schoder	1234 Copper Ave	Love land, Co. 80537	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	Change	Addition
D	James E. Cooper	P.O. Box 71	Silver Lake, NH 03875	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	Change	Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	Change	Addition

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, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/99)