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CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 10 PM 2:09

DOCUMENT # N94000003194 (7)

1. Corporation Name

HOUSE OF GLORY PENTECOSTAL CHURCH, INC.

Principal Place of Business

Mailing Address

9400 67TH STREET NORTH
PINELLAS PARK FL 34666

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PINELLAS PARK FL 34666

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/28/1994

3a. Date of Last Report

4. FEI Number
59-3209649

Applied For
Not Applicable

2. Principal Place of Business

2b. Mailing Address

21 Suite, Apt. #, etc.

26 115 FOREST GROVE BLVD.

22 City & State

27 Suite, Apt. #, etc.

23 Zip

Country

28 PALM HARBOR, FL.

29 34683

30 PINELLAS

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status ☒ \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

GUY, ROY D
700 BEACH DRIVE
#406
ST. PETERSBURG FL 33701

10. Name and Address of New Registered Agent

81 Name BRUCE A. Smith
82 Street Address (P.O. Box Number is Not Acceptable)
115 FOREST GROVE BLVD.
83
84 City PALM HARBOR, FL 85 Zip Code 34683

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0509, Florida Statutes.

SIGNATURE

Bruce A. Smith, BRUCE A. Smith, PASTOR 2/6/95

Signature (Typed or printed name of registered agent and agent acceptable)

(Typed or printed name of registered agent and agent acceptable)

12. OFFICERS AND DIRECTORS

TITLE CD
NAME GUY, ROY D
STREET ADDRESS 700 BEACH DRIVE, #406
CITY - ST - ZIP ST. PETERSBURG FL 33701

TITLE VC
NAME GUY, BETTE
STREET ADDRESS 700 BEACH DRIVE, #406
CITY - ST - ZIP ST. PETERSBURG FL 33701

TITLE STD
NAME ANDREWS, R. STEPHEN
STREET ADDRESS 11111 JIM JORDAN ROAD
CITY - ST - ZIP DADE CITY FL 33525

TITLE D
NAME GUY, SCOTT R
STREET ADDRESS 315 W. 35TH STREET
CITY - ST - ZIP GRIFFITH IN 46319

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE CTR
1.2 NAME BRUCE A. Smith ☒ Change ☐ Addition
1.3 STREET ADDRESS 115 FOREST GROVE BLVD.
1.4 CITY - ST - ZIP PALM HARBOR, FL. 34683

2.1 TITLE ST
2.2 NAME DEBORAH DAVID Smith ☒ Change ☐ Addition
2.3 STREET ADDRESS 115 FOREST GROVE BLVD
2.4 CITY - ST - ZIP PALM HARBOR, FL. 34683

3.1 TITLE TR
3.2 NAME ALPHA L. Smith ☒ Change ☐ Addition
3.3 STREET ADDRESS 36431 BONNEY DR.
3.4 CITY - ST - ZIP ZEPHYR HILLS, FL. 33541

4.1 TITLE TR
4.2 NAME R. STEPHEN ANDREWS ☒ Change ☐ Addition
4.3 STREET ADDRESS 11111 JIM JORDAN ROAD
4.4 CITY - ST - ZIP DADE CITY, FL. 33525

5.1 TITLE VC
5.2 NAME CHARLES DIX ☒ Change ☐ Addition
5.3 STREET ADDRESS 12427 104TH ST. N.
5.4 CITY - ST - ZIP LARGO, FL. 34643

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Bruce A. Smith*, BRUCE A. Smith 2/6/95 (813) 786-8325

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date) (Telephone Number)