

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N94000003194 (7)

1. Corporation Name

HOUSE OF GLORY PENTECOSTAL CHURCH, INC.



Principal Place of Business

9400 67TH STREET NORTH
PINELLAS PARK FL 34666

Mailing Address

115 FOREST GROVE BLVD
PALM HARBOR FL 34683
US

3. Date Incorporated or Qualified
06/28/1994

3a. Date of Last Report
02/10/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

29 Zip Country

4. FEI Number

59-3209649

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 has liability for intangible tax under s. 199.032,
Florida Statutes



Yes



No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMITH, BRUCE A
115 FOREST GROVE BLVD
#406
PALM HARBOR FL 34683

81 Name

SMITH, BRUCE A.

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 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 CTR ☐ DELETE
NAME SMITH, BRUCE A
STREET ADDRESS 115 FOREST GROVE BLVD
CITY-ST-ZIP PALM HARBOR FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ST ☐ DELETE
NAME DAVID-SMITH, DEBORAH
STREET ADDRESS 115 FOREST GROVE BLVD
CITY-ST-ZIP PALM HARBOR FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE TR ☐ DELETE
NAME SMITH, ALPHA L
STREET ADDRESS 36431 BONNEY DR
CITY-ST-ZIP ZEPHYR HILLS FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE TR ☒ DELETE
NAME ANDREWS, R S
STREET ADDRESS 11111 JIM JORDAN ROAD
CITY-ST-ZIP DADE CITY FL

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

TITLE VC ☐ DELETE
NAME DIX, CHARLES
STREET ADDRESS 12427 104TH ST. N
CITY-ST-ZIP LARGO FL

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
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:

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E037 (12/95)