## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT **CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

N9400003990 (8)

## **FILED** Mar 14 1997 8:00am Secretary of State

GLOR	TLAND MINISTRIES, INC.								
Principal Place of Business		Mailing Address			<u></u> -} [∦	1051)10   818   0   11   0 £0 £ 8 11   1 0 4	<b>                                 </b>		
10001 MUNSON HIGHWAY MILTON FL 32570		10001 MUNSON HIGHWAY MILTON FL 32570-9389							
					04	ncorporated or Qualified 8/11/1994	3a. Dat	e of Last Re <b>04/04/19</b>	
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number Applied For S9-3266029 Not Applied be			
Sulte, Apt.	#. etc.	Suite, Apt. #, etc.				S8 75 Additional			
22		27			5. Certific	ate of Status Desired		Fee Re	
City & State		City & State			6. Election	n Campaign Financing		\$5.00	May Be
23		28			Trust Fr	und Contribution		Added to	
Zip 24	Country Zip Cou		Coun	itry	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes				
	9. Name and Address of Current		190			and Address of New R			
				91 Name					
ARMSTI	RONG, WILLIAM W		ļ.	32 Street A	ddress /P.O. Boy	Number is Not Accept	eble)		
10001 MUNSON HIGHWAY				3110017	Street Address (P.O. Box Number is Not Acceptable)				
	FL 32570			33					
			\  -	B4 City				85 Zip C	Code
							<u> </u>	1 1	
11. Pursuant office or r	to the provisions of Sections 617.0502 egistered agent, or both, in the State	? and 617.1508, Florida Statut of Florida. Such change was.	les, the abi authorized	ove-named by the corp	corporation submi oration's board of	ts this statement for the directors. I hereby acc	purpose of o	changing its intment as r	registered registered
agent. I a	m tamikar with, and accept the obliga	ilions of, Section 617,0503, FR	orida Statu	tes.		•			- 5 -
SIGNATURE ,	Signature, typed or printed name of registered agen	rmstrong	c bulleting		required when reinstalling		3-11	-97	
12.	OFFICERS AND		13.	Ageni signature		ONS/CHANGES TO OFF	ICERS AND	DIRECTOR:	S IN 12
TITLE	D	DELETE	1.1 1(1)	.E				Change	Addition
NAME	ARMSTRONG, WILLIAM W	ARMSTRONG, WILLIAM W 128		AE					
STREET ADDRESS			1.3 STR	EE1 ADDRESS					
CITY-ST-ZIP	MILTON FL 32570		1.4 CIT	Y-\$1-ZIP					
TITLE	D	DELETE	2.1 TITU	E ļ			[	Change	Addition C
NAME	ARMSTRONG, PATRICIA E		2.2 NAM	NE					
STREET ADDRESS	10001 MUNSON HIGHWAY			EET ADDRESS					
CITY-ST-ZIP	MILTON FL 32570	DELETE		Y-ST-ZIP				Change	Addition
TITLE NAME	D Bynum, J.S.	☐ Officit	3 1 TITL 3 2 NAM	· · · · · · · · · · · · · · · · · · ·			L	— ∩uquige	L.J AUGILION
STREET ADDRESS	407 CYPRESS ST.			EET ADDRESS					}
CITY-ST-ZIP	MILTON FL 32570			Y-ST-ZIP					Ì
TITLE	T	DELETE	4.1 TITL		7 .			X Change	☐ Addition
NAME	MCMILLIAN, DOLLY		4. 2 NA	ME	MC MILL	ION , DOLLIE	(-	Spelling	)
STREET ADDRESS	MUNSON HWY		4.3 STR	EET ADDRESS		1	_	·	l
CITY-ST-ZIP	MILTON FL 32570		4.4 CIT	Y-\$1-2IP					
TITLE		DELETE	5.1 TITE	E				Change	Addition
NAME			5.2 NAM	AE					
STREET ADDRESS			5.3 STR	EET ADDRESS					
CITY-ST-ZIP	·			r-si-zip			<del></del>	<b>–</b>	1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
TITLE		☐ DELETE	6.1 TITL	I			L	Change	Addition
NAME			6.2 NA	I					1
STREET ADDRESS				EET ADDRESS					
CITY-ST-ZIP	nu partify that the information cumplied	t with this filing does not even!		Y-ST-ZIP	ated in Costina 15	0.07/9\/i) Elorido Statu	ton I fuelbor	portify that t	lh a

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.