

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000003990

1. Entity Name

GLORYLAND MINISTRIES, INC.

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90032 018 \*\*\*\*61.25

Principal Place of Business

10001 MUNSON HIGHWAY  
MILTON FL 32570

Mailing Address

10001 MUNSON HIGHWAY  
MILTON FL 32570-9389

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3266029

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ARMSTRONG, WILLIAM W  
10001 MUNSON HIGHWAY  
MILTON FL 32570

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete

NAME  
ARMSTRONG, WILLIAM W  
STREET ADDRESS  
10001 MUNSON HIGHWAY  
CITY-ST-ZIP  
MILTON FL 32570

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME  
ARMSTRONG, PATRICIA E  
STREET ADDRESS  
10001 MUNSON HIGHWAY  
CITY-ST-ZIP  
MILTON FL 32570

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME  
BYNUM, J.S.  
STREET ADDRESS  
407 CYPRESS ST.  
CITY-ST-ZIP  
MILTON FL 32570

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME  
MCMILLION, DOLLIE  
STREET ADDRESS  
MUNSON HWY  
CITY-ST-ZIP  
MILTON FL

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)

4-26-00 850-957-4749