

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N95000003522**

1. Entity Name

**NEW GLORY MINISTRIES, INC.**

Principal Place of Business

**P.O. BOX 50862  
JACKSONVILLE BEACH FL 32240**

Mailing Address

**P.O. BOX 50862  
JACKSONVILLE BEACH FL 32240**

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

6. Name and Address of Current Registered Agent

**COLLEY, CAROLYN B  
549 W. CHERRY LAUREL CT.  
BEVERLY HILLS FL 34465**

7. Name and Address of New Registered Agent

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:****FEES ARE \$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

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WILSON, SHARON</b>	
STREET ADDRESS	<b>1315 JASMINE ST.</b>	
CITY-ST-ZIP	<b>ATLANTIC BEACH FL 32233</b>	

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>COLLEY, CAROLYN B</b>	
STREET ADDRESS	<b>549 W. CHERRY LAUREL CT.</b>	
CITY-ST-ZIP	<b>BEVERLY HILLS FL 34465</b>	

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BURNETT, ANNE</b>	
STREET ADDRESS	<b>9 HOPSON ROAD</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32250</b>	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**FILED**  
**Mar 07, 2001 8:00 am**  
**Secretary of State**

03-07-2001 90610 031 \*\*\*\*61.25

**00022520**

DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-3335478**

Applied For

Not Applicable

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

CR2E037 (10/00)