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Apr 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

DOCUMENT # N96000004763 (6)

1. Corporation Name

GLORY OF GOD CHURCH INC.

Principal Place of Business	Mailing Address
4405 NW 73RD AVENUE SUITE 20-10854 MIAMI FL 33166-6400	4405 NW 73RD AVENUE SUITE 20-10854 MIAMI FL 33166-6400

3. Date Incorporated or Qualified: 08/23/1996

4. FEI Number: 52-2029753 ☐ 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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

WOLFE, LARRY
200-A JOHN KNOX ROAD
TALLAHASSEE FL 32303-6643

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SAENZ, JOSE FERNANDEZ		1.2 NAME		
STREET ADDRESS	RUA ROBERTSON,450 1ST FLOOR		1.3 STREET ADDRESS		
CITY-ST-ZIP	CEP 01543,SAO PAULO,SP,BRAZI		1.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	2.1 TITLE	VPD	☒ Change ☐ Addition
NAME	DE ANDRADE, MS. DIRCE RAMI		2.2 NAME	MS. DIRCE RAMIRO DE ANDRADE	
STREET ADDRESS	RUA LIBRA, SALA 4		2.3 STREET ADDRESS	RUA 26 DE MARCO, 205, SALA 7	
CITY-ST-ZIP	CEP 06410 050,BARUERI,SP,BRA		2.4 CITY-ST-ZIP	CEP 06401-050, BARUERI, SP, BRAZIL	
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BARBATO, MS JUSSARA		3.2 NAME		
STREET ADDRESS	RUA AGUSTA ,2190, SUITE 317		3.3 STREET ADDRESS		
CITY-ST-ZIP	CEP 01412,SAO PAULO-SP,BRAZI		3.4. CITY-ST-ZIP		
TITLE	SD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	DA SILVA, MS SONIA ROSA		4. 2 NAME		
STREET ADDRESS	RUA OSCAR FRIERE,953, SUITE 400		4.3 STREET ADDRESS		
CITY-ST-ZIP	CEP 01423-001,SAO PAULO-SP,B		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. 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 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: _____ 4/15/98