


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 18, 2005 08:00 AM
Secretary of State

DOCUMENT # N97000001213 1. Entity Name HIS GLORY TABERNACLE AND TRAINING CENTER, INC.	
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Principal Place of Business 19778 SW 85TH LOOP DUNNELLON, FL 34432	Mailing Address 19778 SW 85TH LOOP DUNNELLON, FL 34432
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03172005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3434405	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**JONES, JAMES H
19778 SW 85TH LOOP
DUNNELLON, FL 34432**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP JONES, J. HUBERT 19778 SW 85TH LOOP DUNNELLON, FL 34432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT JONES, KAREN A 19778 SW 85TH LOOP DUNNELLON, FL 34432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS JONES, DARRELL PO BOX 548 ODENVILLE, AL 35120
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/18/05-80030-011 61.25

**DO NOT WRITE
IN THIS SPACE**

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: J. Hubert Jones, J. Hubert Jones
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-17-2005/352-489-3894
Date Daytime Phone #