



**• 2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2007 08:00 A
Secretary of State

DOCUMENT # N97000001213	
1. Entity Name HIS GLORY TABERNACLE AND TRAINING CENTER, INC.	

Principal Place of Business 19778 SW 85TH LOOP DUNNELLON, FL 34432	Mailing Address 19778 SW 85TH LOOP DUNNELLON, FL 34432
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DO NOT WRITE IN THIS SPACE



04122007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3434405	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

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

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U000000710247
04/25/07-80035-020 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 - DP, J. Hubert JONES 4-14-07 352-489-3894

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #