

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001213

FILED  
Apr 10, 2009  
Secretary of State

**Entity Name:** HIS GLORY TABERNACLE AND TRAINING CENTER, INC.

**Current Principal Place of Business:**

1555 W. MAIN ST.  
BARTOW, FL 33830

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1491  
BARTOW, FL 33831 14

**New Mailing Address:**

**FEI Number:** 59-3434405

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: JONES, J. HUBERT  
Address: 1555 W. MAIN ST.  
City-St-Zip: BARTOW, FL 33830 US

Title: DVT ( ) Delete  
Name: JONES, KAREN A  
Address: 1555 W. MAIN ST.  
City-St-Zip: BARTOW, FL 33830 US

Title: OD ( ) Delete  
Name: JONES, DARRELL  
Address: PO BOX 548  
City-St-Zip: ODENVILLE, AL 35120 US

Title: DS ( ) Delete  
Name: CROSSLEY, LINDA K  
Address: 1509 NE 30TH ST.  
City-St-Zip: OCALA, FL 34479 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: REV. DR. J. HUBERT JONES

DP

04/10/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date