

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90015 040 ****61.25

0085421

DOCUMENT # **N98000001834**

1. Corporation Name

THE GLORY SINGERS MINISTRY, INC.

105607 - 90015 - 40

Principal Place of Business
**350-107 BUSINESS PARKWAY
ROYAL PALM BEACH FL 33411**

Mailing Address
**350-107 BUSINESS PARKWAY
ROYAL PALM BEACH FL 33411**



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

03/25/1998

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

☒ Applied For
☐ Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing

☐ **\$5.00** May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MORRIS, ROBERT R
685 ROYAL PALM BEACH BOULEVARD
SUITE 205
ROYAL PALM BEACH FL 33411**

81 Name

CHARLES B. HOEFS

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

350-107 BUSINESS PARKWAY

83

84 City

ROYAL PALM BEACH, FL

85 Zip Code

33411

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

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

CHARLES B. HOEFS

11/06/99

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **HOEFS, CHARLES B**
CITY-ST-ZIP **350-107 BUSINESS PARKWAY
ROYAL PALM BEACH FL 33411**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **SD**
STREET ADDRESS **HOEFS, CONNIE**
CITY-ST-ZIP **350-107 BUSINESS PARKWAY
ROYAL PALM BEACH FL 33411**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **VD**
STREET ADDRESS **CARR, WENDELL**
CITY-ST-ZIP **350-107 BUSINESS PARKWAY
ROYAL PALM BEACH FL 33411**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **CARR, WENDELL**
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **TD**
STREET ADDRESS **CARR, LORETTA**
CITY-ST-ZIP **350-107 BUSINESS PARKWAY
ROYAL PALM BEACH FL 33411**

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME **CARR, LAURETTA**
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE: *Charles B. Hoefs*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/06/99
Date

561-791-1119
Daytime Phone #

CR2E037 (11/98)