2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

FILED DOCUMENT # N9800001834 Sep 14, 2000 8:00 am Secretary of State THE GLORY SINGERS MINISTRY, INC. 04-18-2000 90257 037 ****61.25 09-14-2000 90014 026 ****61.25 Principal Place of Business Mailing Address 350-107 BUSINESS PARKWAY 350-107 BUSINESS PARKWAY ROYAL PALM BEACH FL 33411 ROYAL PALM BEACH FL 33411 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE <u>650883333</u> Applied For City & State City & State 4. FEI Number Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) HOEFS, CHARLES B 350-107 BUSINESS PKWY **ROYAL PALM BEACH FL 33411** City Zip Code 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. FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Department of State Added to Fees After September 13, 2000 min. will be \$236.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Addition ☐ Delete TITLE TITLE HOEFS, CHARLES B NAME NAME STREET ADDRESS 350-107 BUSINESS PARKWAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **ROYAL PALM BEACH FL 33411** ☐ Change Addition TITLE ☐ Delete TITLE HOEFS, CONNIE NAME NAME STREET ADDRESS 350-107 BUSINESS PARKWAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **ROYAL PALM BEACH FL 33411** ٧D ☐ Addition TITLE □ Defete TITLE Change CARR. WENDELL NAME NAME 350-107 BUSINESS PARKWAY STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ROYAL PALM BEACH FL 33411 TD TIT) F ☐ Change Addition TITLE Defete CARR, LAURETTA NAME NAME STREET ADDRESS 350-107 BUSINESS PARKWAY STREET ADDRESS CITY-ST-ZIP **ROYAL PALM BEACH FL 33411** CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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