05-11-2001 90465 032 ****65.25

DOCUMENT # N98000001834

THE GLORY SINGERS MINISTRY, INC.

Principal Flace of Business

Mailing Address

350-107 BUSINESS PARKWAY ROYAL PALM BEACH FL 33411 350-107 BUSINESS PARKWAY ROYAL PALM BEACH FL 33411

2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Country Zip Zip Country

6. Name and Address of Current Registered Agent

D0050069

Applied For

Zip Code

Not Applicable

DO NOT WRITE IN THIS SPACE

\$8.75 Additional 5. Certificate of Status Desired Fee Required

65-0823838

7. Name and Address of New Registered Agent Name

HOEFS, CHARLES B 350-107 BUSINESS PKWY **ROYAL PALM BEACH FL 33411**

SIGNATURE

Street Address (P.U. Box Number is Not Acceptable)	
	-

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.

4. FEI Number

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

(NOTE: Registered Agent signature required when reinstating)

City

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to **Department of State**

10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 PD TITLE Change ☐ Addition TITLE ☐ Delete NAME HOEFS, CHARLES B NAME STREET ADDRESS 350-107 BUSINESS PARKWAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **ROYAL PALM BEACH FL 33411** TITLE ☐ Delete TITLE Change Addition NAME HOEFS, CONNIE NAME STREET ADDRESS 350-107 BUSINESS PARKWAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ROYAL PALM BEACH FL 33411 **VD** ☐ Detete TITLE Change ☐ Addition NAME CARR. WENDELL NAME STREET ADDRESS 350-107 BUSINESS PARKWAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ROYAL PALM BEACH FL 33411 ☐ Addition TITLE TD ☐ Delete TITLE ☐ Change CARR, LAURETTA NAME STREET ADDRESS 350-107 BUSINESS PARKWAY STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ROYAL PALM BEACH FL 33411 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS

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.

STREET ADDRESS

CITY-ST-782

SIGNATURE:

CITY-ST-ZIP