

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 12, 2002 8:00 am**  
**Secretary of State**

05-12-2002 90612 043 \*\*\*\*61.25

DOCUMENT # N98000001834

1. Entity Name

THE GLORY SINGERS MINISTRY, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

350-107 BUSINESS PARKWAY  
Suite, Apt. #, etc.

3. Mailing Address

350-107 BUSINESS PARKWAY  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

ROYAL PALM BEACH, FLORIDA

City & State

ROYAL PALM BEACH, FLORIDA

4. FEI Number

65-0823838

Applied For

Not Applicable

Zip

33411

Country

USA

Zip

33411

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

HOEFS, CHARLES B.

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

350-107 BUSINESS PARKWAY

City

ROYAL PALM BEACH FL

Zip Code

33411

**DO NOT WRITE  
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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FEE IS \$61.25**  
**Initial or Amended UBR**

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

TITLE PD/VD  
NAME HOEFS, CHARLES B.  
STREET ADDRESS 350-107 BUSINESS PARKWAY  
CITY-ST-ZIP ROYAL PALM BEACH, FLORIDA 33411

TITLE SD/TD  
NAME HOEFS, CONNIE  
STREET ADDRESS 350-107 BUSINESS PARKWAY  
CITY-ST-ZIP ROYAL PALM BEACH, FLORIDA 33411

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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLES B. HOEFS

4/29/02

561-791-1119

Date

Daytime Phone #

CR2E037B (12/01)