# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**May 07, 2008**
**Secretary of State**

DOCUMENT# N98000002742

**Entity Name:** FRUIT OF GLORY MINISTRIES, INC.

**Current Principal Place of Business:**

3632 E NORTH BAY
TAMPA, FL 33610

**New Principal Place of Business:**

**Current Mailing Address:**

3632 E NORTH BAY
TAMPA, FL 3361

**New Mailing Address:**

**FEI Number: 59-3371240** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**

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

LEGRANDE, SYDEL MD
3632 E NORTH BAY
TAMPA, FL 33610 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: PD ( ) Delete
Name: LEGRANDE, SYDEL MD
Address: 3806 SAN PEDRO STREET
City-St-Zip: TAMPA, FL 33629

Title: D ( ) Delete
Name: WEBB, CHERYL
Address: 4427 W OKLAHOMA AVE
City-St-Zip: TAMPA, FL 33616

Title: D ( ) Delete
Name: PAULK, LINDA
Address: 8531 N. NEWPORT AVE.
City-St-Zip: TAMPA, FL 33604

Title: VD ( ) Delete
Name: LEGRANDE, GEORGE
Address: 3806 W SAN PEDRO ST
City-St-Zip: TAMPA, FL 33629

Title: D ( ) Delete
Name: BARNES, SYBIL K PHD
Address: 1905 STATE STREET
City-St-Zip: TAMPA, FL 33606

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

Title: PD (X) Change ( ) Addition
Name: LEGRANDE, SYDEL MD
Address: 1802 E 29TH AVE
City-St-Zip: TAMPA, FL 33610

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

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

Title: VD (X) Change ( ) Addition
Name: LEGRANDE, GEORGE
Address: 1802 E 29TH AVE
City-St-Zip: TAMPA, FL 33629

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: SYDEL LEGRANDE, M.D. D 05/07/2008

Electronic Signature of Signing Officer or Director — Date