

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002742

FILED  
Jul 26, 2009  
Secretary of State

Entity Name: FRUIT OF GLORY MINISTRIES, INC.

## Current Principal Place of Business:

3632 E NORTH BAY  
TAMPA, FL 33610

## New Principal Place of Business:

1405 TAMPA PARK PLAZA  
TAMPA, FL 33605

## Current Mailing Address:

3632 E NORTH BAY  
TAMPA, FL 3361

## New Mailing Address:

1405 TAMPA PARK PLAZA  
TAMPA, FL 33605

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:

LEGRANDE, SYDEL MD  
8608 POINSETTA DRIVE  
TAMPA, FL 33637 US

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:

07/26/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

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

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

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

Title: VD ( ) Delete  
Name: LEGRANDE, GEORGE  
Address: 1802 E 29TH AVE  
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: 8608 POINSETTA DRIVE  
City-St-Zip: TAMPA, FL 33637

Title: D (X) Change ( ) Addition  
Name: WEBB, CHERYL  
Address: 3632 E NORTH BAY STREET  
City-St-Zip: TAMPA, FL 33610

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

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

Title: D (X) Change ( ) Addition  
Name: BARNES-JOHNSON, SYBIL K PHD  
Address: 1210 COLUMBUS DRIVE  
City-St-Zip: TAMPA, FL 33605

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.

PD

07/26/2009

Electronic Signature of Signing Officer or Director

Date