


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 09, 2004 8:00 am**  
**Secretary of State**

07-09-2004 90008 028 \*\*\*\*61.25

<b>DOCUMENT # N98000003680</b> 1. Entity Name <b>THE GLORY HOUSE, INC.</b>					
Principal Place of Business 11760 MARCO BEACH DR SUITE 7 JACKSONVILLE, FL 32224			Mailing Address P O BOX 16473 JACKSONVILLE, FL 32245		
2. Principal Place of Business <b>13958 Spanish Marsh Ct</b> Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State <b>Jacksonville</b>			City & State <b>FL</b>		
Zip <b>32225</b>		Country <b>USA</b>		4. FEI Number <b>59-3526701</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>MARTIN, JEFFERSON S JR</b> <b>13958 SPANISH MARSH CT</b> <b>JACKSONVILLE, FL- 32225</b>					
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by September 8, 2004</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		
<b>\$5.00 May Be Added to Fees</b>			<b>Make check payable to Florida Department of State</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>MARTIN, JEFFERSON S JR</b> <b>13958 SPANISH MARSH CT</b> <b>JACKSONVILLE, FL 32225</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD <b>MARTIN, CANDI</b> <b>13958 SPANISH MARSH CT</b> <b>JACKSONVILLE, FL 32225</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <b>FLETCHER, DAVID</b> <b>P.O. BOX 77 N/A</b> <b>PUNTA GORDA BELIZE,</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <b>Fletcher, David</b> <b>114 Lake View Dr</b> <b>Thomasville, GA 31792</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <b>TURNER, RON</b> <b>3750 VICKERS LAKE DR</b> <b>JACKSONVILLE, FL 32224</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <b>WHITE, DAN</b> <b>1251 FROMAGE WAY</b> <b>JACKSONVILLE, FL 32225</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <b>CHASTANG, VICKI G</b> <b>13810 SUTTON PARK DRIVE NORTH</b> <b>JACKSONVILLE, FL 32224</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <b>Linda S Holfinger</b> <b>726 Trowbridge Lane</b> <b>Jacksonville, FL 32225</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> <i>Jefferson S. Martin</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			07/06/04 (904) 338-0210 <small>Date Daytime Phone #</small>		

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