

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # N98000003680	
1. Entity Name THE GLORY HOUSE, INC.	
Principal Place of Business 13958 SPANISH MARSH CT JACKSONVILLE, FL 32225	Mailing Address P O BOX 16473 JACKSONVILLE, FL 32245



DO NOT WRITE IN THIS SPACE

04272005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3526701	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MARTIN, JEFFERSON S JR
13958 SPANISH MARSH CT
JACKSONVILLE, FL 32225**

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when testating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**1100000346426
04/30/05-80075-020 70.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARTIN, JEFFERSON S JR 13958 SPANISH MARSH CT JACKSONVILLE, FL 32225
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD MARTIN, CANDI 13958 SPANISH MARSH CT JACKSONVILLE, FL 32225
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FLETCHER, DAVID 114 LAKE VIEW DRIVE THOMASVILLE, GA 31702
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TURNER, RON 3750 VICKERS LAKE DR JACKSONVILLE, FL 32224
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WHITE, DAN 1251 FROMAGE WAY JACKSONVILLE, FL 32225
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HOLFINGER, LINDA S 726 TROWBIRDGE LANE JACKSONVILLE, FL 32225

**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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-ET-05 909-221-2019

Date

Daytime Phone #