

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 03, 2003 8:00 am
Secretary of State

06-03-2003 90037 033 ****61.25

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DOCUMENT # N98000003680

1. Entity Name

THE GLORY HOUSE, INC.



Principal Place of Business

**11760 MARCO BEACH DR
STE 9
JACKSONVILLE FL 32224**

Mailing Address

**P O BOX 331263
ATLANTIC BEACH FL 32233**

2. Principal Place of Business

11760 Marco Beach Drive

3. Mailing Address

P.O. Box 16473

Suite, Apt. #, etc.

Suite 7

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

32224

Country

Duval

Zip

32245

Country

Duval

6. Name and Address of Current Registered Agent

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

4. FEI Number **59-3526701**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



7. Name and Address of New Registered Agent

Name

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

City

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **MARTIN, JEFFERSON S JR**
STREET ADDRESS **13958 SPANISH MARSH CT**
CITY-ST-ZIP **JACKSONVILLE FL 32225**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VTD** ☐ Delete
NAME **MARTIN, CANDI**
STREET ADDRESS **13958 SPANISH MARSH CT**
CITY-ST-ZIP **JACKSONVILLE FL 32225**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **FLETCHER, DAVID**
STREET ADDRESS **P.O. BOX 77 N/A**
CITY-ST-ZIP **PUNTA GORDA BELIZE**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **TURNER, RON**
STREET ADDRESS **3750 VICKERS LAKE DR**
CITY-ST-ZIP **JACKSONVILLE FL 32224**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **WHITE, DAN**
STREET ADDRESS **1251 FROMAGE WAY**
CITY-ST-ZIP **JACKSONVILLE FL 32225**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☒ Delete
NAME **LEE, MELANIE**
STREET ADDRESS **12850 DAYBREAK COURT W**
CITY-ST-ZIP **JACKSONVILLE FL 32246**

TITLE ☐ Change ☒ Addition
NAME **Vicki Gunn Chastang**
STREET ADDRESS **13810 Sutton Park Drive North**
CITY-ST-ZIP **Jacksonville, FL 32224**

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 REQUIRED

5/28/03

CR2E037 (10/02)