


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 30, 2006 08:00 AM
Secretary of State

DOCUMENT # N98000003889	
1. Entity Name G.L.G. MINISTRIES, INC.	

Principal Place of Business 9821 BUNKER RD LEESBURG, FL 34788	Mailing Address 9821 BUNKER RD LEESBURG, FL 34788
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05232006 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0851416	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent GREER, GARY L 9821 BUNKER RD LEESBURG, FL 34788
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**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: Gary L. Greer PD 6/26/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE

Filing Fee is \$61.25
Due by September 6, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

000000567772
06/30/06-80002-004 70.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GREER, GARY L 9821 BUNKER RD LEESBURG, FL 34788
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDT GREER, CHERIM 9821 BUNKER RD LEESBURG, FL 34788
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BAKER, CHERYL J 10509 GOOSE PRAIRIE RD LEESBURG, FL 34788
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Gary L. Greer PD 6/26/06 352-787-8458
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #