

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004988

FILED
Apr 27, 2008
Secretary of State

Entity Name: GLORIOUS HOPE CHRISTIAN LIFE CENTER, INC.

Current Principal Place of Business:

3256 NE JACKSONVILLE RD
SUITE #3
OCALA, FL 34479 US

New Principal Place of Business:

Current Mailing Address:

3256 NE JACKSONVILLE RD
SUITE #3
OCALA, FL 34479 US

New Mailing Address:

FEI Number: 59-3549221

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RHOULHAC, SAMUEL S III
9160 NW 12TH COURT
OCALA, FL 34479 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: RHOULHAC, SAMUEL S III
Address: 9160 NE 12 CT
City-St-Zip: Ocala, FL 34479

Title: D () Delete
Name: RHOULHAC, OVEDIA A
Address: 9160 NE 12 CT
City-St-Zip: Ocala, FL 34479

Title: D () Delete
Name: TUGGERSON, GENEVE L
Address: 2355 NE 86TH LN.
City-St-Zip: ANTHONY, FL 326173715

Title: D () Delete
Name: JONES, RUNETTE
Address: 1602 NW 20TH AVENUE
City-St-Zip: Ocala, FL 34475

Title: D () Delete
Name: RICHARD, LEWIS
Address: 2355 NE 86TH LANE
City-St-Zip: ANTHONY, FL 32617

Title: D (X) Delete
Name: JOYCE, JOHNSON
Address: 2015 NW 1ST STREET
City-St-Zip: Ocala, FL 34475

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: D (X) Change () Addition
Name: LEWIS, IRENE
Address: 2355 NE 86TH LANE
City-St-Zip: ANTHONY, FL 32617

Title: D (X) Change () Addition
Name: LEWIS, RICHARD
Address: 2355 NE 86TH LANE
City-St-Zip: ANTHONY, FL 32617

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

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: OVEDIA RHOULHAC

D

04/27/2008

Electronic Signature of Signing Officer or Director

Date