

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N99000003930

1. Entity Name
GLORY TABERNACLE CHURCH OF GOD INC.



Principal Place of Business
89 MAGNOLIA AVE
GRETN, FL 32352

Mailing Address
EARL MOORE
885 NEWBERRY RD.
QUINCY, FL 32352

FILED

2008 APR 29 PM 1:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04292008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-3671855

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MOORE, EARL L
616 3RD ST.
QUINCY, FL 32351

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

Filing Fee Is \$61.25
Due by May 1, 2008

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

TITLE PD ☐ Delete
NAME MOORE, EARL L
STREET ADDRESS 616 3RD STREET
CITY - ST - ZIP QUINCY, FL 32351

TITLE VPD ☐ Delete
NAME MOORE, SHIRLEY J
STREET ADDRESS 616 3RD STREET
CITY - ST - ZIP QUINCY, FL 32351

TITLE D ☐ Delete
NAME SMITH, TAWANA
STREET ADDRESS 117 SOUTH MALCOLM ST
CITY - ST - ZIP QUINCY, FL 32351

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP
04/30/08 01001-009 \$61.25

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

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CITY - ST - ZIP

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

Earl L Moore
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/29/08