

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000004292

1. Entity Name

FROM GLORY TO GLORY CHANGING LIFE MINISTRY, INC.

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90191 029 ****61.25

Principal Place of Business

7746 COUNTY ROAD 109-G
LADY LAKE FL 32159

Mailing Address

P.O. BOX 792
LADY LAKE FL 32159

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3587145

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, ALFONSA
7746 COUNTY ROAD 109-G
LADY LAKE FL 32159

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.

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
Department of State

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME D
STREET ADDRESS JOHNSON, ALFONSA
CITY-ST-ZIP 7746 COUNTY ROAD 109-G
LADY LAKE FL 32159

TITLE ☐ Delete
NAME D
STREET ADDRESS JOHNSON, DERCELIA
CITY-ST-ZIP 7746 COUNTY ROAD 109-G
LADY LAKE FL 32159

TITLE ☒ Delete
NAME D
STREET ADDRESS YOUNG, MATTIE
CITY-ST-ZIP 7746 COUNTY ROAD 109-G
LADY LAKE FL 32159

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 T
STREET ADDRESS MARLA MOORE
CITY-ST-ZIP 7746 County Road 109-G
Lady Lake, FL 32159

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

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

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

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

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

352-409-4582

352-409-2625

CR2E037 (10/00)