

2001 UNIFORM BUSINESS REPORT (UBR)

0561902

DOCUMENT # P95000014140

1. Entity Name

G.T.G. (GLORY TO GOD), INC.

FILED

01 MAY -4 PM 12:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

21635 SW 10 STREET
DUNNELLON FL 34431

2175 NW 64 STREET
OCALA FL 34475

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04/03/01-90064-029 \$125.00

4. FEI Number 59-3442808

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GREENE, DONALD R
21635 SW 10 STREET
DUNNELLON FL 34431

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME STANDRIDGE, JUDITH A ☒ Delete
STREET ADDRESS 2175 NW 64 STREET
CITY-ST-ZIP Ocala FL 34475

TITLE Vice President ☒ Change ☐ Addition
NAME Judith A. Standridge
STREET ADDRESS 2175 NW 64 ST
CITY-ST-ZIP Ocala FL 34475

TITLE P
NAME GREENE, NANCY ☐ Delete
STREET ADDRESS 2180 N.W. 64 ST
CITY-ST-ZIP Ocala FL

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

TITLE D
NAME COMAS, DANIELLE ☐ Delete
STREET ADDRESS 21635 SW 10 ST
CITY-ST-ZIP DUNNELLON FL 34431

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

13. 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 807, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Judith A

Date

Daytime Phone #

CR20034 (10/00)

000004288410-6
-05/22/01--01137--005
*****25-00 *****25-00

4-1-01

352-817-5454