2005 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 10, 2005 8:00 am Secretary of State DOCUMENT # P95000014140 03-10-2005 90155 003 ***158.75 G.T.G. (GLORY TO GOD), INC. Principal Place of Business Mailing Address 21635 SW 10 STREET 21635 S.W. 10 STREET DUNNELLON, FL 34431 **DUNNELLON, FL 34431** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. . CR2E034 (10/03) 03072005 Chg-P City & State City & State 4. FEI Number Applied For 59-3442808 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired M Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GREENE, DONALD R Street Address (P.O. Box Number is Not Acceptable) 21635 SW 10 STREET DUNNELLON, FL 34431 City 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.1 10. 11. Change . ☐ Addition TITLE Delete TITLE GREENE, Donald R. SR. SCOTT-GREENE, JULIE P NAME NAME 9239 N.W. 115 AVENUE STREET ADDRESS 21635 SW 10 ST. STREET ADDRESS DURNELION, FL. 34431 CITY-ST-ZIP CITY-ST-ZIP OCALA, FL 34482 Change Addition TITLE Delete TITLE GREENE, JULIE P GREENE, NANCY NAME NAME STREET ADDRESS 2180 N.W. 64 ST STREET ADDRESS 21635 500-10 57 CITY-ST-7IP CITY-ST-7/P OCALA, FL ☐ Change ☐ Addition TITLE Delete TITLE GREENE, DONALD D SR. NAME 21635 S.W. 10 STREET STREET ADDRESS STREET ADORESS CITY-ST-ZIP DUNNELLON, FL 34431 CITY-ST-ZIP Change - Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-7IP CITY-ST-ZIP Addition ☐ Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS 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 607. 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. my name appears in Block 10 or Block 11 if SIGNATURE: <u>WORNED</u> R. GREENESR. RA 63-67-05 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED