

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90343 001 ***450.00

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1. Entity Name
G.T.G. (GLORY TO GOD), INC.



Principal Place of Business
2180 NW 65 ST
OCALA, FL 34475

Mailing Address
1709 HARBOUR VIEW DR
LENOIR CITY, TN 37772

66008891



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04172008

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

59-3442808

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GREENE, DONALD R SR
2180 NW 65 ST
OCALA, FL 34475

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 reappointing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☒ Delete
NAME SCOTT-GREENE, JULIE P
STREET ADDRESS 21635 SW 10 ST
CITY- ST- ZIP DUNNELLON, FL 34431

TITLE P ☐ Delete
NAME GREENE, DONALD R SR.
STREET ADDRESS 2180 NW 65 ST
CITY- ST- ZIP Ocala, FL 34475

TITLE V ☐ Delete
NAME BOGAN, JUDY A
STREET ADDRESS 2175 NW 64TH ST
CITY- ST- ZIP Ocala, FL 34475

TITLE D ☒ Delete
NAME GREENE, DONALD R JR
STREET ADDRESS 2180 NW 65 ST
CITY- ST- ZIP Ocala, FL 34475

TITLE D ☐ Delete
NAME GREENE, NANCY K
STREET ADDRESS 2180 NW 65 ST
CITY- ST- ZIP Ocala, FL 34475

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE SEC. ☐ Change ☒ Addition
NAME DANIELLE COMAS
STREET ADDRESS 640 NE 21 AVE
CITY- ST- ZIP Ocala, FL 34470

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 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 appointed 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 employment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Don GREENE SR (352) 817-5454
04-15-08 (252) 817-2525

Date

Daytime Phone #