

**2023 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F21000004675

**Entity Name:** GLORY POWER MINISTRIES, INC.

**Current Principal Place of Business:**

744 HARBOR WINDS DRIVE  
JACKSONVILLE, FL 32225

**Current Mailing Address:**

13245 ATLANTIC BLVD., #4306  
JACKSONVILLE, FL 32225 US

**FEI Number:** 42-1688876

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

PAPROCKYJ, MYRNA  
744 HARBOR WINDS DRIVE  
JACKSONVILLE, FL 32225 US

*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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CHRM  
Name PAPROCKYJ, BOHDON  
Address 13245 ATLANTIC BLVD. #4306  
City-State-Zip: JACKSONVILLE FL 32225

Title P  
Name PAPROCKYJ, BOHDON  
Address 13245 ATLANTIC BLVD. #4306  
City-State-Zip: JACKSONVILLE FL 32225

Title VP/S/T  
Name PAPROCKYJ, MYRNA  
Address 13245 ATLANTIC BLVD. #4306  
City-State-Zip: JACKSONVILLE FL 32225

Title D  
Name FETT, HANNA  
Address 13245 ATLANTIC BLVD. #4306  
City-State-Zip: JACKSONVILLE FL 32225

Title D  
Name HOWARD, CHRISTINE  
Address 13245 ATLANTIC BLVD. #4306  
City-State-Zip: JACKSONVILLE FL 32225

Title D  
Name CARL, DAVE  
Address 13245 ATLANTIC BLVD. #4306  
City-State-Zip: JACKSONVILLE FL 32225

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** MYRNA PAPROCKYJ

**VICE PRESIDENT**

**02/08/2023**

Electronic Signature of Signing Officer/Director Detail

Date