## 2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N1400005500

Entity Name: GLORY SABBATICAL HOUSE, INC.

**Current Principal Place of Business:** 

315 SOUTHALL ROAD WEST COLUMBIA. SC 29172

**Current Mailing Address:** 

PO BOX 41

STATE PARK SC 29147 US

**FEI Number: NOT APPLICABLE** Certificate of Status Desired: No

Name and Address of Current Registered Agent:

STATE PARK SC 29147

DENTON, CALVIN 3804 S.W. 68TH AVENUE MIRAMAR, FL 33023-6605 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: CALVIN DENTON 09/08/2021

Electronic Signature of Registered Agent

Officer/Director Detail:

**PRESIDENT** Title Title **CFO** 

GLYMPH, J.K. L DENTON, CALVIN Name Name

PO BOX 41 ONR ACCOUNTACY CORP. Address Address

P.O. BOX 19415

CEO

City-State-Zip: City-State-Zip: PLANTATION FL 33318

Title D Title AMOS, HARRY

Name GLYMPH, RONALD Address 4728 MIRAMAR ROAD

Address PO BOX 41

City-State-Zip: ORLANDO FL 32811 City-State-Zip: STATE PARK SC 29147

Title **SECRETARY** 

Name

DAWKINS, MONICA Name

PO BOX 41 Address

City-State-Zip: STATE PARK SC 29147

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: J. K. LASLENE GLYMPH

**PRESIDENT** 

09/08/2021

**FILED** Sep 08, 2021

**Secretary of State** 

0460566121CC

Date

Electronic Signature of Signing Officer/Director Detail

Date