FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATION
95 APR -6 PM 12:16

DOCUMENT # **N35034** **(0)**

1. Corporation Name

AMAZING GRACE APOSTOLIC CHURCH, INC.

Principal Place of Business	Mailing Address
C/O ROBERT LOWERY 1911 E. 10TH ST. PANAMA CITY FL 32401-4569	C/O ROBERT LOWERY 1911 E. 10TH ST. PANAMA CITY FL 32401-4569

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/31/1989**
3a. Date of Last Report: **04/14/1994**
4. FEI Number: **59-3122740** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LOWERY, ROBERT 1911 E 10TH ST PANAMA CITY FL 32401	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Robert Lowery — 4-3-95
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCM	11 TITLE	☐ Change ☐ Addition
NAME	LOWERY, ROBERT	12 NAME	
STREET ADDRESS	1911 E. 10TH ST.	13 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL	14 CITY-ST-ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	MCCLOUD, DAISY	22 NAME	
STREET ADDRESS	400 AVE. C	23 STREET ADDRESS	
CITY-ST-ZIP	PT. ST. JOE FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	LOWERY, AUDREY LOUISE	32 NAME	
STREET ADDRESS	1911 E 10TH ST	33 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	LOWERY, ROBBIN	42 NAME	
STREET ADDRESS	1911 E 10TH ST	43 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL	44 CITY-ST-ZIP	
TITLE	DT	51 TITLE	☐ Change ☐ Addition
NAME	HOGUE, CLARENCE	52 NAME	
STREET ADDRESS	122 ROBBINS AVE	53 STREET ADDRESS	
CITY-ST-ZIP	PT ST JOE FL	54 CITY-ST-ZIP	
TITLE	S	61 TITLE	☐ Change ☐ Addition
NAME	HOGUE, VIRGINIA	62 NAME	
STREET ADDRESS	122 ROBBINS AVE	63 STREET ADDRESS	
CITY-ST-ZIP	PT ST JOE FL	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert Lowery — 4-3-95 — 639-5139
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #