FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**

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

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

3. Date Incorporated or Qualified: **10/31/1989**
3a. Date of Last Report: **04/06/1995**

2. Principal Place of Business (21): [redacted]
2a. Mailing Address (26): [redacted]

4. FEI Number: **59-3122740** ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

City & State (23): [redacted]
City & State (28): [redacted]

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip (24): [redacted] Country (25): [redacted]
Zip (29): [redacted] Country (30): [redacted]

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LOWERY, ROBERT
1911 E 10TH ST
PANAMA CITY FL 32401

10. Name and Address of New Registered Agent

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Robert Lowery 4-1-96
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	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	LOWERY, ROBERT		1.2 NAME		
STREET ADDRESS	1911 E. 10TH ST.		1.3 STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL		1.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MCCLOUD, DAISY		2.2 NAME		
STREET ADDRESS	400 AVE. C		2.3 STREET ADDRESS		
CITY-ST-ZIP	PT. ST. JOE FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	LOWERY, AUDREY LOUISE		3.2 NAME		
STREET ADDRESS	1911 E 10TH ST		3.3 STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE	D,S	☒ Change ☐ Addition
NAME	LOWERY, ROBBIN		4.2 NAME	LOWERY, ROBBIN	
STREET ADDRESS	1911 E 10TH ST		4.3 STREET ADDRESS	1911 E 10TH ST.	
CITY-ST-ZIP	PANAMA CITY FL		4.4 CITY-ST-ZIP	PANAMA CITY, FL	
TITLE	DT	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	HOGUE, CLARENCE		5.2 NAME		
STREET ADDRESS	122 ROBBINS AVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	PT ST JOE FL		5.4 CITY-ST-ZIP		
TITLE	S	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	HOGUE, VIRGINIA		6.2 NAME		
STREET ADDRESS	122 ROBBINS AVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	PT ST JOE FL		6.4 CITY-ST-ZIP		

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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)(k), 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 4-22-96 769-9838
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
ROBERT LOWERY