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Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

4. FEI Number

59-3122740

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

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 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
Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

4/30/98

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME PCM
STREET ADDRESS LOWERY, ROBERT
CITY-ST-ZIP 1911 E. 10TH ST.
PANAMA CITY FL

1.1 TITLE
1.2 NAME D T
1.3 STREET ADDRESS MEGLAND, KAREN
1.4 CITY-ST-ZIP 6708 ENZOR
PANAMA CITY, FL. 32404

TITLE
NAME D
STREET ADDRESS LOWERY, AUDREY LOUISE
CITY-ST-ZIP 1911 E 10TH ST
PANAMA CITY FL

2.1 TITLE
2.2 NAME DS
2.3 STREET ADDRESS CUTLER, JEANETTE
2.4 CITY-ST-ZIP 1011 BOB LITTLE ROAD
PANAMA CITY, FL. 32404

TITLE
NAME D/S
STREET ADDRESS LOWERY, ROBBIN
CITY-ST-ZIP 1911 E 10TH ST
PANAMA CITY FL

3.1 TITLE
3.2 NAME D
3.3 STREET ADDRESS NICKSON, ALMETA
3.4 CITY-ST-ZIP 320 AVE. E.
PORT ST. JOE, FL. 32457

TITLE
NAME DT
STREET ADDRESS HOGUE, CLARENCE
CITY-ST-ZIP 122 ROBBINS AVE
PT ST JOE FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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

4/30/98

CR2E037 (10/97)