2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2000 8:00 am
Secretary of State
05-18-2000 90304 033 ****70.00

DOCUMENT # N35034

1. Entity Name

AMAZING GRACE APOSTOLIC CHURCH, INC.

Principal Place of Business	Mailing Address
AMAZING GRACE APOSTOLIC CHURCH 106 ROBBINS AVE. PORT ST. JOE FL 32456	C/O ROBERT LOWERY 1911 E. 10TH ST. PANAMA CITY FL 32401-4562

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	6912 ROSS DRIVE Suite, Apt. #, etc.
City & State	City & State: PANAMA CITY, FLA.
Zip / Country	Zip: 32404-4902 / Country: U.S.A.

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LOWERY, ROBERT 1911 E 10TH ST PANAMA CITY FL 32401	Name: LOWERY, ROBERT Street Address (P.O. Box Number is Not Acceptable): 6912 ROSS DRIVE City: PANAMA CITY, FL Zip Code: 32404

8. 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: Robert Lowery — 4/29/00
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) — DATE

FILE NOW: FEE IS $61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PCM LOWERY, ROBERT 1911 E. 10TH ST. PANAMA CITY FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LOWERY, AUDREY LOUISE 1911 E 10TH ST PANAMA CITY FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PT MCGLAND, KAREN 6708 ENZOR PANAMA CITY FL 32404	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS CUTLER, JEANETTE 1011 BOB LITTLE ROAD PANAMA CITY FL 32404	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NICKSON, ALMETA 320 AVE E. PORT ST JOE FL 32457	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E 017 (9/99)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert Lowery ROBERT LOWERY — 4/29/00 — 871-1606
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #