2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N35034

1. Entity Name
AMAZING GRACE APOSTOLIC CHURCH, INC.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 APR 12 PM 1:37

Principal Place of Business	Mailing Address
AMAZING GRACE APOSTOLIC CHURCH 106 ROBBINS AVE. PORT ST. JOE, FL 32456	417 NANCY DRIVE PANAMA CITY, FL 32404

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04122004 No Chg-NP CR2E037 (10/03)

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

LOWERY, ROBERT
417 NANCY DRIVE
PANAMA CITY, FL 32404

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Robert Lowery 4/12/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

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

10. OFFICERS AND DIRECTORS

TITLE	PCD
NAME	LOWERY, ROBERT
STREET ADDRESS	417 NANCY DRIVE
CITY-ST-ZIP	PANAMA CITY, FL 32404
TITLE	VD
NAME	LOWERY, AUDREY LOUISE
STREET ADDRESS	417 NANCY DRIVE
CITY-ST-ZIP	PANAMA CITY, FL 32404
TITLE	D
NAME	MCGLAND, KAREN
STREET ADDRESS	738 MARK DRIVE
CITY-ST-ZIP	PANAMA CITY, FL 32404
TITLE	D
NAME	NICKSON, ALMETA
STREET ADDRESS	320 AVE E.
CITY-ST-ZIP	PORT ST JOE, FL 32457
TITLE	SD
NAME	DIXSON, ALICE F
STREET ADDRESS	320 KENNY ST
CITY-ST-ZIP	PORT SAINT JOE, FL 32456
TITLE	TM
NAME	HOGUE, CLARENCE D
STREET ADDRESS	122 ROBBIN AVENUE
CITY-ST-ZIP	PORT SAINT JOE, FL 32456

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04/27/04--01073--013 **70.00

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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: Pastor Robert Lowery 4/12/04 850-215-4032
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #