2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2005
Secretary of State

DOCUMENT# N35034

Entity Name: AMAZING GRACE APOSTOLIC CHURCH, INC.

Current Principal Place of Business:

AMAZING GRACE APOSTOLIC CHURCH
106 ROBBINS AVE.
PORT ST. JOE, FL 32456

New Principal Place of Business:

Current Mailing Address:

417 NANCY DRIVE
PANAMA CITY, FL 32404

New Mailing Address:

FEI Number: 59-3122740 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LOWERY, ROBERT
417 NANCY DRIVE
PANAMA CITY, FL 32404 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PCD	( ) Delete
Name:	LOWERY, ROBERT	
Address:	417 NANCY DRIVE	
City-St-Zip:	PANAMA CITY, FL 32404	
Title:	VD	( ) Delete
Name:	LOWERY, AUDREY LOUIS, E	
Address:	417 NANCY DRIVE	
City-St-Zip:	PANAMA CITY, FL 32404	
Title:	D	( ) Delete
Name:	MCGLAND, KAREN	
Address:	738 MARK DRIVE	
City-St-Zip:	PANAMA CITY, FL 32404	
Title:	D	( ) Delete
Name:	NICKSON, ALMETA	
Address:	320 AVE E.	
City-St-Zip:	PORT ST JOE, FL 32457	
Title:	SD	( ) Delete
Name:	DIXSON, ALICE F	
Address:	320 KENNY ST	
City-St-Zip:	PORT SAINT JOE, FL 32456	
Title:	TM	(X) Delete
Name:	HOGUE, CLARENCE D	
Address:	122 ROBBIN AVENUE	
City-St-Zip:	PORT SAINT JOE, FL 32456	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PASTOR ROBERT LOWERY PCD 03/22/2005

Electronic Signature of Signing Officer or Director — Date