2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N35034

1. Entity Name

AMAZING GRACE APOSTOLIC CHURCH, INC.



FILED May 13, 2003 8:00 am Secretary of State

05-13-2003 90048 022 ****70.00

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Name Street Address (P.O. Box Number is Not Acceptable)		MINOL AI OSTOLIO CHOIR	5/1, 1140.		'				
Suite, Apt. #, etc. CHECK HERE IF MAKING CH City & State City & State Check HERE IF MAKING CH Zip Country Zip Country S. Certificate of Status Desired Status	MAZING GRA 06 ROBBINS	ICE APOSTOLIC CHURCH AVE.	417 NANCY DRIVE	1,000					
Suite, Apt. #, etc. CHECK HERE IF MAKING CH City & State City & State Check HERE IF MAKING CH Zip Country Zip Country S. Certificate of Status Desired Status	. Principal f	Place of Business	3. Mailing Address						
City & State Country Country Country S. Certificate of Status Desired See 6. Name and Address of Current Registered Agent To Name and Address of New Registered Agent Name LOWERY, ROBERT HIT NANCY DRIVE PANAMA CITY FL 32404 City FL	Suite Apt # etc		Suite Ant # etc		_				
Zip Country Zip Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LOWERY, ROBERT 417 NANCY DRIVE PANAMA CITY FL 32404 City FL City FL Street Address (P.O. Box Number is Not Acceptable) City FL Street Address (P.O. Box Number is Not Acceptable) City FL Street Address (P.O. Box Number is Not Acceptable) City FL Signature. 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 famility the obligations of registered agent agent and title if applicable. SIGNATURE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Address (P.O. Box Number is Not Acceptable) TILE NOW: FEE IS \$61.25 9. Election Campaign Financing Address (P.O. Box Number is Not Acceptable) TILE NOW: FEE IS \$61.25 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECT NAME NAME NAME STREET ADDRESS (CITY-ST-ZIP PANAMA CITY FL 32404 TILE NAME STREET ADDRESS (CITY-ST-ZIP PANAMA CITY FL 32404 CITY-ST-ZIP PANAMA CITY FL 32404						3 CHANGES	CHANGES		
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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.

5/12/13

850-763-2791