

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N96000005908

1. Entity Name
**GRACE TABERNACLE CHURCH AND MINISTRIES OF
FORT WALTON BEACH, INC.**



FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90306 015 ****61.25

Principal Place of Business
**218 EGLIN PARKWAY NE
FORT WALTON BEACH, FL 32547 US**

Mailing Address
**218 EGLIN PKWAY NE
FORT WALTON BEACH, FL 32547 US**



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

01302004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-3412131

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**TOWNSEND, JOHN P
142 EGLIN PARKWAY SE
FORT WALTON BEACH, FL 32548**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ (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**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MALHEIRO, DAVID 325 SUDDUTH CIRCLE FORT WALTON BEACH, FL 32548	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PATRICK, LARRY B 221 YACHT CLUB DRIVE FORT WALTON BEACH, FL 32548	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARKER, JAMES A P.O. BOX 6150 N/A ✓ NAVARREE, FL 32566 ✓	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOWELL, STAATS 640 NE POWELL DRIVE FORT WALTON BEACH, FL 32547	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Parker James Po Box 888 Mary Esther FL 32569	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 power like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/09/04 850-34-0700