## 2007 NOT-FOR-PROFIT CORPORATION

## ANNUAL REPORT

## **DOCUMENT # N96000005908**

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



**FILED** May 21, 2007 8:00 am Secretary of State

05-21-2007 90051 043 \*\*\*\*61.25

850.314.0700

5-1-07

TOKT WALTOW BEACH, MC.						A TIME					
Principal Place of Business 218 EGLIN PARKWAY NE FORT WALTON BEACH, FL 32547 US  Mailing Address 218 EGLIN PKWAY NE FORT WALTON BEACH, FL					FL 325	47 US	1 106/12) 618	(1)	HE BRIGE BRIDE	Nika laki saki is	18 <b>91 (</b> 1 1991)
Principal Place of Business - No P.O. Box #     Mailing Address											
Suite, Apt. #, etc.			Suite, Apt. #, etc.				02012007	Chg-NP	CR2E0	37 (12/06)	
City & State			City & State				4. FEI Numbe 59-3412				optied For ot Applicable
Zip Country			Zip		Cou	intry	5. Certificate	of Status Desired		\$8.75 Add Fee Require	
6. Name and Address of Current Registered Agent						Name	7. Name and	Address of New F	legistered	Agent	
MALHEIRO, DAVID M. 325 SUDDUTH CIRCLE FORT WALTON BEACH, FL 32547						Street Address (P.O. Box Number is Not Acceptable)					
						City	· · · · · · · · · · · · · · · · · · ·		FI	Zip Cod	θ
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  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE											
Filling Fee is \$61.25  Due by May 1, 2007  9. Election Camp Trust Fund Cor							\$5.00 May Be Added to Fees	Make check payable to Florida Department of State			
10,		OFFICERS AND DI	RECTORS		11.		ADDITIONS/CHA	NGES TO OFFICE	RS AND D	IRECTORS IN	I 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP		D, DAVID UTHICIRCLE LTON BEACH, FL 32	548	☐ Delete	1					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4	LARRYB T CLUB DRIVE LTON BEACH, FL 32:	548	□ Delete	4					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, J 94 RUBY O MARY EST			Delete	1	!				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZEP		STAATS IWELL DRIVE LTON BEACH, FL 32	547	☐ Delete						☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mark Daily as sharilyn Drive Shalimar FL 32579					Į.	☐ Change ☐ Add				Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	304	s Hampto Somerset Walton Bea	DNING			1				Change	Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.											

KOZ. OWI

SIGNATURE: