2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2005 08:00 AM
Secretary of State

DOCUMENT # N99000000495

1. Entity Name
TEMPLE OF GRACE MISSIONARY BAPTIST CHURCH, INC.

Principal Place of Business	Mailing Address
1865 NW 42ND STREET OCALA, FL 34475	P.O. BOX 4992 OCALA, FL 34478

01072005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
59-3568883
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KINGCADE, WILLIE L
5797 NW 185TH ST.
ORANGE LAKE, FL 32681

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

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

U00000195658
01/26/05-80036-016 70.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	KINGCADE, WILLIE L
STREET ADDRESS	5797 NW 185TH ST.
CITY-ST-ZIP	ORANGE LAKE, FL 32681
TITLE	S
NAME	KINGCADE, MARTHA K
STREET ADDRESS	5797 NW 185TH ST.
CITY-ST-ZIP	ORANGE LAKE, FL 32681
TITLE	T
NAME	WILLIAMS, MICHAEL
STREET ADDRESS	6475 NW 61ST AVE
CITY-ST-ZIP	OCALA, FL 34482
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Rev. Willie Kingcade 1/21/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #