

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **NO2092**

1. Corporation Name
**First Grace and Truth Pentecostal Holiness
Church of Apostolic Faith INC.**

Principal Place of Business
**24637 SW 137 AVE
Princeton, FL 33032**

Mailing Address
**40 James Cherry
12219 SW 218 St.
Goulds, FL 33170**

3. Date Incorporated or Qualified
march 21, 84

3a. Date of Last Report
01-30-95

2. Principal Place of Business

21 Princeton FL

Suite, Apt #, etc
22 24637 SW 137 AVE

City & State
Princeton FL

Zip
24 33032

Country
25 USA

2a. Mailing Address

26 40 James Cherry

Suite, Apt #, etc
27 12219 SW 218 St.

City & State
28 Goulds, Florida

Zip
29 33170

Country
30 USA

4. FEI Number
59-2382870

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**James Cherry Sr.
12219 SW 218 St.
Goulds, FL 33170**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D**
NAME **Cherry, James**
STREET ADDRESS **12219 SW 218 Street**
CITY - ST - ZIP **Goulds, FL 33170**

TITLE **D**
NAME **ATKINS, John W.**
STREET ADDRESS **14964 SW 304 Terr.**
CITY - ST - ZIP **Leisure City, FL 33030**

TITLE **D**
NAME **Holcomb, Sadie**
STREET ADDRESS **15241 SW 297 AVE**
CITY - ST - ZIP **Leisure City, FL 33030**

TITLE **S**
NAME **ATKINS, Rose Marie**
STREET ADDRESS **14964 SW 304 Terr.**
CITY - ST - ZIP **Leisure City, FL 33030**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

900001921733
-08/14/96--01040--048
*****61.25**

000001921740
-08/14/96--01040--049
*****8.75**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Atkins, Rose Marie**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 7, 96 (305) 248-5319
Date Daytime Phone #

05 8/14/96

CR2E037 (12/95)