2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2009
Secretary of State

DOCUMENT# N02092

Entity Name: FIRST GRACE & TRUTH PENTECOSTAL HOLINESS CHURCH OF APOSTOLIC FAITH, INC.

Current Principal Place of Business:

24637 SW 137 AVE
PRINCETON, FL 33032 US

New Principal Place of Business:

Current Mailing Address:

C/O JAMES CHERRY
12219 S.W. 218 ST.
GOULDS, FL 33170

New Mailing Address:

FEI Number: 59-2382870 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHERRY, JAMES
12219 SW 218 ST
GOULDS, FL 33170 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	CHERRY, JAMES,	
Address:	12219 SW 218TH STREET	
City-St-Zip:	GOULDS, FL 33170	
Title:	D	( ) Delete
Name:	ATKINS, JOHN W.,	
Address:	14964 SW 304 TERR	
City-St-Zip:	LEISURE CITY, FL 33030	
Title:	D	( ) Delete
Name:	HOLCOMB, SADIE	
Address:	15241 SW 297 ST	
City-St-Zip:	LESISURE CITY, FL 33030	
Title:	S	( ) Delete
Name:	ATKINS, ROSE MARIE,	
Address:	14964 S.W. 304 TERR.	
City-St-Zip:	LEISURE CITY, FL 33030	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROSE M. ATKINS S 01/15/2009

Electronic Signature of Signing Officer or Director — Date