

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 701050

**Entity Name:** SOVEREIGN GRACE FAMILY CHURCH, INC.

**Current Principal Place of Business:**

13773 N. MAIN STREET  
JACKSONVILLE, FL 32218

**Current Mailing Address:**

13773 N. MAIN STREET  
JACKSONVILLE, FL 32218 US

**FEI Number:** 59-2074191

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BUNTING, JACK G  
55170 COOK DR  
CALLAHAN, FL 32011 US

*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

**Officer/Director Detail :**

Title SECRETARY  
Name BUDD, KELLY  
Address 10300 TOMAHAWK DR.  
City-State-Zip: SANDERSON FL 32087

Title FINANCE OFFICER  
Name WARD, MICHAEL  
Address 97056 ARNOLD RIDGE DR.  
City-State-Zip: YULEE FL 32097

Title PASTOR  
Name FOSKEY, MEDFORD  
Address 54200 HUCKLEBERRY LANE  
City-State-Zip: CALLAHAN FL 32011

Title FINANCE OFFICER  
Name SPRINGER, DALE  
Address 28 HUNTERS HOLLOW CT.  
City-State-Zip: JACKSONVILLE FL 32218

Title PASTOR  
Name MONTORO, ANDY  
Address 96081 GRAYLON DR  
City-State-Zip: YULEE FL 32097

Title PASTOR  
Name COLLIER, MICHAEL  
Address 559 13TH AVENUE S.  
City-State-Zip: JACKSONVILLE BEACH FL 32250

Title FINANCIAL OFFICER  
Name BRIGHTWELL, STEVE  
Address 8182 ALDERMAN ROAD  
City-State-Zip: JACKSONVILLE FL 32211

*I hereby 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 all other like empowered.*

**SIGNATURE:** KELLY BUDD

**SECRETARY**

**01/18/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date