

**2014 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:**

P.O. BOX 380089  
JACKSONVILLE, FL 32205 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 COB  
Name STODDARD, ROY  
Address 13928 CRESTWICK DRIVE E.  
City-State-Zip: JACKSONVILLE FL 32218

Title T  
Name STEED, PATRICIA  
Address 3665 RIVERSIDE AVENUE  
City-State-Zip: JACKSONVILLE FL 32205

Title S  
Name GRAY, PAM  
Address 85116 MINER RD.  
City-State-Zip: YULEE FL 32097

Title D  
Name BUNTING, JACK G  
Address 55170 COOK DR.  
City-State-Zip: CALLAHAN FL 32011

Title VP  
Name THOMPSON, JIMMY  
Address 6539 TOWNSEND RD.  
LOT 163  
City-State-Zip: JACKSONVILLE FL 32244

*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: PATRICIA STEED**

**TREASURER**

**01/08/2014**

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

\_\_\_\_\_  
Date