

2021 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 V. CHAIR
Name BELCHER, CHRISTOPHER
Address 11243 AMERICANA LN
City-State-Zip: JACKSONVILLE FL 32218

Title SECRETARY
Name CHILDERS, CYNTHIA
Address 10912 PADDINGTON WAY
City-State-Zip: JACKSONVILLE FL 32219

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

Title ASST. TREASURER
Name GOMEZ, TAMARAH
Address 11333 PRINCESSA LN
City-State-Zip: JACKSONVILLE FL 32218

Title TREASURER
Name BUDD, KELLY
Address 3928 TARA HILL DR.
City-State-Zip: JACKSONVILLE FL 32277

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

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

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

Continues on page 2

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: MEDFORD KEITH FOSKEY**PASTOR****01/08/2021**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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