

2025 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	PASTOR
Name	FOSKEY, MEDFORD
Address	54200 HUCKLEBERRY LANE
City-State-Zip:	CALLAHAN FL 32011
Title	PASTOR
Name	MONTORO, ANDY
Address	96081 GRAYLON DR
City-State-Zip:	YULEE FL 32097
Title	FINANCIAL OFFICER
Name	BRIGHTWELL, STEVE
Address	8182 ALDERMAN ROAD
City-State-Zip:	JACKSONVILLE FL 32211

Title	FINANCE OFFICER
Name	SMITH, MICHAEL
Address	43013 LARSEN ROAD
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	COLLIER, MICHAEL
Address	559 13TH AVENUE S.
City-State-Zip:	JACKSONVILLE BEACH FL 32250

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****01/06/2025**_____
Electronic Signature of Signing Officer/Director Detail_____
Date