

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

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

**Current Mailing Address:**

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

**FEI Number: 59-2382870**

**Certificate of Status Desired:** Yes

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

CHERRY, JAMES  
12219 SW 218 ST  
GOULDS, FL 33170 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 D  
Name CHERRY, JAMES  
Address 12219 SW 218TH STREET  
City-State-Zip: GOULDS FL 33170  
  
Title D  
Name HOLCOMB, SADIE  
Address 15241 SW 297 ST  
City-State-Zip: LESISURE CITY FL 33030

Title D  
Name ATKINS, JOHN W.  
Address 14964 SW 304 TERR  
City-State-Zip: LEISURE CITY FL 33030  
  
Title S  
Name ATKINS, ROSE MARIE  
Address 14964 S.W. 304 TERR.  
City-State-Zip: LEISURE CITY FL 33030

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: ROSE MARIE ATKINS**

**SECRETARY**

**03/02/2015**

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

\_\_\_\_\_  
Date