	e: SOVEREIGN GRACE BAPTIST CHUR	CH OF JACKSONV	ILLE,	Secretary of State 7465559452CC	
INC,				740555945200	
Current Prin	ncipal Place of Business:				
1612 TRACY R JACKSONVILL					
Current Mai	iling Address:				
1612 TRAC` JACKSONV	Y RD ILLE, FL 32211 US				
FEI Number: 20-0212555 Certificate			Certificate of S	of Status Desired: No	
Name and A	Address of Current Registered Agent:				
WATERS, RON 1612 TRACY R	D				
JACKSONVILL	E, FL 32211 US				
	E, FL 32211 US	its registered office or regis	tered agent, or both, in	the State of Florida.	
The above name		its registered office or regis	tered agent, or both, in	the State of Florida. 01/31/2024	
The above name	d entity submits this statement for the purpose of changing i	its registered office or regis	tered agent, or both, in		
The above name	d entity submits this statement for the purpose of changing in E: RONNIE S WATERS Electronic Signature of Registered Agent	its registered office or regis	tered agent, or both, in	01/31/2024	
The above name SIGNATURE	d entity submits this statement for the purpose of changing in E: RONNIE S WATERS Electronic Signature of Registered Agent	its registered office or regis	tered agent, or both, in	01/31/2024	
The above name SIGNATURE Officer/Dire	d entity submits this statement for the purpose of changing is E: RONNIE S WATERS Electronic Signature of Registered Agent ctor Detail :			01/31/2024	
The above name SIGNATURE Officer/Dire Title	d entity submits this statement for the purpose of changing is E: RONNIE S WATERS Electronic Signature of Registered Agent Ctor Detail : DIRECTOR	Title	CHAIRMAN	01/31/2024	
The above name SIGNATURE Officer/Dire Title Name	d entity submits this statement for the purpose of changing is E: RONNIE S WATERS Electronic Signature of Registered Agent Ctor Detail : DIRECTOR WATERS, RONNIE S 1612 TRACY RD	Title Name	CHAIRMAN MYHRE, SAM 1612 TRACY RD	01/31/2024 Date	
The above name SIGNATURE Officer/Dire Title Name Address	d entity submits this statement for the purpose of changing is E: RONNIE S WATERS Electronic Signature of Registered Agent Ctor Detail : DIRECTOR WATERS, RONNIE S 1612 TRACY RD	Title Name Address	CHAIRMAN MYHRE, SAM 1612 TRACY RD	01/31/2024 Date	
The above name SIGNATURE Officer/Dire Title Name Address City-State-Zip:	d entity submits this statement for the purpose of changing is EIECTONIC SIGNATURE DIRECTOR WATERS, RONNIE S 1612 TRACY RD JACKSONVILLE FL 32211	Title Name Address	CHAIRMAN MYHRE, SAM 1612 TRACY RD	01/31/2024 Date	
The above name SIGNATURE Officer/Dire Title Name Address City-State-Zip: Title	d entity submits this statement for the purpose of changing is EIECTONIC Signature of Registered Agent Ctor Detail : DIRECTOR WATERS, RONNIE S 1612 TRACY RD JACKSONVILLE FL 32211 TREASURER	Title Name Address	CHAIRMAN MYHRE, SAM 1612 TRACY RD	01/31/2024 Date	

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: RONNIE S WATERS

Electronic Signature of Signing Officer/Director Detail

DIRECTOR

01/31/2024

FILED Jan 31, 2024

Date

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0300009006