

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000007656

**Entity Name:** GRACE & GLORY WORSHIP CENTER, INC.

**Current Principal Place of Business:**

912 BRICKYARD ROAD  
CHIPLEY, FL 32428

**FILED**  
**May 20, 2020**  
**Secretary of State**  
**5830414034CC**

**Current Mailing Address:**

929 MAIN STREET  
CHIPLEY, FL 32428 US

**FEI Number: 20-3260736**

**Certificate of Status Desired: Yes**

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

BIRGE, CYNTHIA  
623 CANDY KITCHEN  
CHIPLEY, FL 32428 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:** CYNTHIA BIRGE

05/20/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name WILLIAMS, DEBRA  
Address 1032 BRICKYARD ROAD  
City-State-Zip: CHIPLEY FL 32428

Title VP  
Name BIRGE, CINDY  
Address 623 CANDY KITCHEN ROAD  
City-State-Zip: CHIPLEY FL 32428

Title DIRECTOR  
Name WHITEHEAD, ELIZABETH  
Address 951 HUTCHINS LANE  
City-State-Zip: CHIPLEY FL 32428

Title DIRECTOR  
Name SHIRAH, BOBBY  
Address 658 RAY'S PLACE  
City-State-Zip: CHIPLEY FL 32428

Title DIRECTOR  
Name FOX, ANNETTE  
Address 4767 HIGHWAY 273  
City-State-Zip: CAMPBELLTON FL 32426

Title SECRETARY  
Name THOMAS, SUMMER  
Address 993 HAYWOOD DRIVE  
City-State-Zip: CHIPLEY FL 32428

*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:** SUMMER THOMAS

**SECRETARY**

05/20/2020

Electronic Signature of Signing Officer/Director Detail

Date