#### 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: IVAN L. GRANT, SR.

Electronic Signature of Signing Officer/Director Detail

Electronic Signature of Registered Agent

Name	GRANT, IVAN L JR.
Address	273 WOODED CROSSING CIRCLE

City-State-Zip: ST. AUGUSTINE FL 32084

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:

# 10135 GATE PARKWAY, N, #1402

#### FEI Number: 20-4052409

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

GRANT, IVAN L SR. 10135 GATE PARKWAY, N, #1402 JACKSONVILLE, FL 32246 US

**Officer/Director Detail :** 

PO

Title

Title

Name

Address

City-State-Zip:

## 2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N20000013050

Entity Name: APOSTLE IVAN L GRANT SR MINISTRIES, INC.

#### **Current Principal Place of Business:**

10135 GATE PARKWAY, N, #1402 JACKSONVILLE, FL 32246

### **Current Mailing Address:**

JACKSONVILLE. FL 32246 US

GRANT, IVAN L SR. 10135 GATE PARKWAY, N, #1402 Address City-State-Zip: JACKSONVILLE FL 32246 JACKSONVILLE FL 32246 Т

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

PRESIDENT/SENIOR OFFICER

Date

03/23/2022

Date

### FILED Mar 23, 2022 Secretary of State 9096683504CC

Certificate of Status Desired: Yes

Title S GRANT, IRIS E Name 10135 GATE PARKWAY, N, #1402