

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 30, 2006 8:00 am
Secretary of State

03-30-2006 90023 017 ****61.25

DOCUMENT # 714722

1. Entity Name

GRACE TEMPLE CHURCH OF THE LIVING GOD, INC.



Principal Place of Business

7431 S OLD FLORAL CITY ROAD
FLORAL CITY FL 34436
US

Mailing Address

PO BOX 243
FLORAL CITY FL 34436
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-6518320

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCREYNOLDS, LARRY PASTOR
850 NW 126 STREET
CITRA FL 32113

Name

LARRY MCREYNOLDS

Street Address (P.O. Box Number is Not Acceptable)

850 NW 126 ST.

850 NW 126 ST.

City

CITRA

FL

Zip Code

32113

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Larry V. Mcreynolds

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

3/13/06

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE C ☐ Delete
NAME MCKINNON, ROBERT
STREET ADDRESS 8499 OLD FLORAL CITY RD.
CITY-ST-ZIP FLORAL CITY FL 34436

TITLE ☐ Change ☐ Addition
NAME Robert McKinnon
STREET ADDRESS 8499 Old Floral city Rd
CITY-ST-ZIP FLORAL CITY FL 34436

TITLE VD ☐ Delete
NAME MCKINNON, ROSE
STREET ADDRESS 8499 OLD FLORAL CITY RD
CITY-ST-ZIP FLORAL CITY FL 34436

TITLE ☐ Change ☐ Addition
NAME Rose McKinnon
STREET ADDRESS 8499 Old Floral city Rd
CITY-ST-ZIP FLORAL CITY FL 34436

TITLE S ☐ Delete
NAME WILLIAMS, JULIA
STREET ADDRESS PO BOX 594-3649 JONAH PL.
CITY-ST-ZIP INVERNESS FL 34451

TITLE ☐ Change ☐ Addition
NAME Julia Williams
STREET ADDRESS P.O. Box 594-3649 Jonah Pl.
CITY-ST-ZIP INVERNESS, FL 34451

TITLE T ☐ Delete
NAME KEY, ROBERT R
STREET ADDRESS PO BOX 1272
CITY-ST-ZIP INVERNESS FL 34451

TITLE ☐ Change ☐ Addition
NAME Robert R. Key
STREET ADDRESS PO Box 1272
CITY-ST-ZIP Inverness, FL 34451

TITLE C ☐ Delete
NAME WASHINGTON, GLADYS
STREET ADDRESS 3961 E SCOTTY ST.
CITY-ST-ZIP INVERNESS FL 34452

TITLE ☐ Change ☐ Addition
NAME Gladys Washington
STREET ADDRESS 3961 E Scotty St
CITY-ST-ZIP Inverness, FL 34452

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert McKinnon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-06

Date

Daytime Phone #