

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 03, 2007 8:00 am
Secretary of State

04-03-2007 90017 003 ****61.25

DOCUMENT # 714722

1. Entity Name

GRACE TEMPLE CHURCH OF THE LIVING GOD, INC.



Principal Place of Business

Mailing Address

7431 S OLD FLORAL CITY ROAD
FLORAL CITY FL 34436
US

PO BOX 243
FLORAL CITY FL 34436
US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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
850 NW 126 STREET
CITRA FL 32113

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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

| | | |
|----------------|---------------------------|---------------------------------|
| TITLE | C | <input type="checkbox"/> Delete |
| NAME | MCKINNON, ROBERT | |
| STREET ADDRESS | 8499 OLD FLORAL CITY RD. | |
| CITY-ST-ZIP | FLORAL CITY FL 34436 | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | MCKINNON, ROSE | |
| STREET ADDRESS | 8499 OLD FLORAL CITY RD | |
| CITY-ST-ZIP | FLORAL CITY FL 34436 | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | WILLIAMS, JULIA | |
| STREET ADDRESS | PO BOX 594 3649 JONAH PL. | |
| CITY-ST-ZIP | INVERNESS FL 34451 | |
| TITLE | V/S | <input type="checkbox"/> Delete |
| NAME | KEY, ROBERT R | |
| STREET ADDRESS | PO BOX 1272 | |
| CITY-ST-ZIP | INVERNESS FL 34451 | |
| TITLE | C | <input type="checkbox"/> Delete |
| NAME | WASHINGTON, GLADYS | |
| STREET ADDRESS | 3961 E SCOTTY ST. | |
| CITY-ST-ZIP | INVERNESS FL 34452 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|---------------------------|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Robert McKinnon | |
| STREET ADDRESS | 8499 Old Floral City Rd. | |
| CITY-ST-ZIP | Floral City FL 34436 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | McKinnon Rose | |
| STREET ADDRESS | 8499 Old Floral City Rd | |
| CITY-ST-ZIP | Floral City FL 34436 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | S. Julia Williams | |
| STREET ADDRESS | PO BOX 594-3649 Jonah Pl. | |
| CITY-ST-ZIP | Inverness, FL 34451 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | V/S Key, Robert R. | |
| STREET ADDRESS | PO BOX 1272 | |
| CITY-ST-ZIP | Inverness, FL 34451 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | C WASHINGTON, GLADYS | |
| STREET ADDRESS | 3961 E SCOTTY ST. | |
| CITY-ST-ZIP | INVERNESS, FL 34452 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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

Robert McKinnon

2-5-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Deputy Phone #