

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 17, 2008 8:00 am
Secretary of State

DOCUMENT # 714722

1. Entity Name

GRACE TEMPLE CHURCH OF THE LIVING GOD, INC.



04-17-2008 90010 024 ****61.25

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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/07)

City & State

City & State

4. FEI Number

59-6518320

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

850 NW 126 St.

City

OCALA 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

[Signature]

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

(NOTE: Registered Agent signature required when reinstating)

3/30/08

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE Key Robert R. V/S ☐ Change ☐ Addition
NAME
STREET ADDRESS P.O. Box 1272
CITY-ST-ZIP Inverness, FL 34451

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

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

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 4-3-08