


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 30, 2005 8:00 am**  
**Secretary of State**

03-30-2005 90043 031 \*\*\*\*61.25

<b>DOCUMENT # 743629</b> 1. Entity Name <b>GREATER GRACE APOSTOLIC CHURCH INCORPORATED</b>					
Principal Place of Business <b>2102 E. COLUMBUS DRIVE TAMPA, FL 33605 US</b>			Mailing Address <b>2102 E COLUMBUS DR TAMPA, FL 33605 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>BAKER, SARAH 695 10TH AVE N SAFETY HARBOR, FL 33605</b>				Name <b>BAKER, SARAH</b> Street Address (P.O. Box Number is Not Acceptable) <b>695 10th AVE N</b> City <b>SAFETY HARBOR</b> FL Zip Code <b>34695</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PDT		TITLE	D	
NAME	BAKER, SARAH		NAME	KITCHEN, KEVIN	
STREET ADDRESS	695 10TH AVE N		STREET ADDRESS	5633 18th way S	
CITY-ST-ZIP	SAFETY HARBOR, FL 34695		CITY-ST-ZIP	SAINT PETERS BURG, FL 33712	
TITLE	D		TITLE	ADAMS JR, MONROE	
NAME	CURRY, SANDRA		NAME		
STREET ADDRESS	2102 E COLOMBUS DRIVE		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33605		CITY-ST-ZIP		
TITLE	TMD		TITLE		
NAME	MONROE, ADAMS JR		NAME		
STREET ADDRESS	1612 E IDLEWILD AVE		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33610		CITY-ST-ZIP		
TITLE	D		TITLE		
NAME	EVANS, MICHAEL		NAME		
STREET ADDRESS	2719 N 46TH STREET		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33605		CITY-ST-ZIP		
TITLE	DT		TITLE		
NAME	EVANS, BRENDA		NAME		
STREET ADDRESS	2719 N 46TH STREET		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33605		CITY-ST-ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.					
<b>SIGNATURE:</b> <u>Monroe Adams Jr</u> <u>Monroe Adams Jr</u> <u>March 29, 05</u> <u>813-237-2613</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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03242005 Chg-NP CR2E037 (10/03)

4. FEI Number **59-2250786 06-1646901** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required