

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 763578 (2)
1. Corporation Name
THE AMAZING GRACE CHRISTIAN TAPE MINISTRY, INC.



Principal Place of Business Mailing Address
(THE) ROUTE 24 BOX 301 BALDWIN FL 32234
(THE) ROUTE 24 BOX 301 BALDWIN FL 32234

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 25 Country 29 Zip 30 Country

3. Date Incorporated or Qualified 07/16/1982 3a. Date of Last Report 03/17/1995
4. FEI Number 59-2295130 Applied For Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MOSLEY, WESLEY J.
ROUTE 24 BOX 301
BALDWIN FL 32234

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC	1.1 TITLE	P/C/D
NAME	MOSLEY, WESLEY J.	1.2 NAME	CREWS, S. E.
STREET ADDRESS	ROUTE 24 BOX 301	1.3 STREET ADDRESS	3042 LOWELL AVENUE
CITY-ST-ZIP	BALDWIN FL	1.4 CITY-ST-ZIP	JACKSONVILLE FL
TITLE	C	2.1 TITLE	S/T/D
NAME	WALKER, LOUISE, HON. JUD	2.2 NAME	ROSE M. WILBANKS
STREET ADDRESS	11010 BRIDGES RD.	2.3 STREET ADDRESS	6041 LONG BRANCH ROAD
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	JACKSONVILLE FL 32234
TITLE	PD	3.1 TITLE	D
NAME	HULING, ROY	3.2 NAME	ROY HULING
STREET ADDRESS	PO BOX 7418	3.3 STREET ADDRESS	418 BRANSCOMB ROAD
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043
TITLE	C	4.1 TITLE	
NAME	MOSLEY, ELLA CINDA	4.2 NAME	
STREET ADDRESS	RT 24 BOX 301	4.3 STREET ADDRESS	
CITY-ST-ZIP	BALDWIN FL	4.4 CITY-ST-ZIP	
TITLE	DVC	5.1 TITLE	
NAME	CREWS, S.E.	5.2 NAME	
STREET ADDRESS	3042 LOWELL AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP	
TITLE	DST	6.1 TITLE	
NAME	BROCK, LINDSEY	6.2 NAME	
STREET ADDRESS	3653 CRIMSON ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: W.J. Mosley W.S. Mosley 3-20-96 1-904-268-4967
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #

CR2E037 (12/95)