FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**

1998

City & State



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 763578

(2)

City & State

THE AMAZING GRACE CHRISTIAN TAPE MINISTRY, INC.

FILED Feb 17 1998 8:00am Secretary of State

Principal Place of Business	Mailing Address					
7143 NEW BRANDY BRANCH RD BALDWIN FL 32234 JS	17143 NEW BRANDY BRANCH RD BALDWIN FL 32234 US	3. Date Incorporated or Qualified 07/16/1982				
•	•	4. FEI Number Applied Fo	or			
		59-2295130 / Not Applic	able			
2. Principal Place of Business	2a. Mailing Address 26	5. Certificate of Status Desired S8.75 Additions Fee Regulred	al			
Suite, Apt #, etc.	Suite, Apt. #, etc.	6. Election Campaign Financing \$5.00 May Be				

Country

30

Žip Country Žφ 25 29 9. Name and Address of Current Registered Agent MOSLEY, WESLEY J

17141 NEW BRANDY BRANCH ROAD

BALDWIN FL 32234

	reisonal Property Tax due Julie 30.
I	10. Name and Address of New Registered Agent
81	Name
62	Street Address (P.O. Box Number is Not Acceptable)
63	
84	City 85 Zip Code

7. Is this nonprofit corporation a homeowners association?

This corporation owes or has paid the current year Intangible

Yes No

FL | " |

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 pendert name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE									
12.	OFFICERS AND DIRECTORS		I 13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		RS IN 12			
TITLE	DC	DELETE	1.1 TITLE		☐ Change	☐ Addition			
NAME	MOSLEY, WESLEY		1.2 NAME			1			
\$TREET ADDRESS	ROUTE 24 BOX 301		1.3 STREET ADDRESS			1			
CITY-ST-ZIP	BALDWIN FL		1.4 CITY-ST-ZIP			1			
TITLE	С	DELETE	2.1 TITLE		☐ Change	☐ Addition			
NAME	Walker, Louise		2.2 NAME						
STREET ADDRESS	11010 BRIDGES RD.		2.3 STREET ADDRESS			1			
CITY - ST - ZIP	JACKSONVILLE FL		2. 4 CITY-ST-ZIP						
TITLE	D	DELETE	3.1 TITLE		Change	☐ Addition			
NAME	HULING, ROY		3.2 NAME			i			
STREET ADDRESS	418 BRANSCOMB ROAD		3.3 STREET ADDRESS			i			
CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043		3.4. CITY-ST-ZIP						
TITLE	STD	DELETE	4.1 TITLE		☐ Change	☐ Addition			
NAME	WILBANKS, ROSE M		4. 2 NAME			\			
STREET ADDRESS	6041 LONG BRANCH ROAD		4.3 STREET ADDRESS			1			
CITY-ST-ZIP	JACKSONVILLE FL 32234		4.4 CITY-ST-ZIP						
TITLE	PCD	DETELE	5.1 TITLE		☐ Change	☐ Addition			
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		DELETE	6.1 TITLE		☐ Change	Addition			
NAME			6.2 NAME			1			
STREET ADDRESS			6.3 STREET ADDRESS			j			
CITY-ST-ZIP			6.4 CITY-ST-ZIP						

14. Thereby 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 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 corryoration or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address

SIGNATURE: My morly

W.J. Mosky 2-4-98 904-266-4967