

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

FILED
Jan 24, 2007 08:00 AM
Secretary of State

DOCUMENT # 763578

1. Entity Name



**THE AMAZING GRACE CHRISTIAN TAPE MINISTRY,
INC.**

Principal Place of Business

Mailing Address

17143 NEW BRANDY BRANCH RD
BALDWIN FL 32234
US

17143 NEW BRANDY BRANCH RD
BALDWIN FL 32234
US



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E037 (10/06)

Zip

Country

Zip

Country

4. FEI Number

59-2295130

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

MOSLEY, WESLEY J
17141 NEW BRANDY BRANCH ROAD
BALDWIN FL 32234

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	DC	<input type="checkbox"/> Delete
NAME	MOSLEY, WESLEY	
STREET ADDRESS	17143 NEW BRANDY BRANCH RD	
CITY ST ZIP	JACKSONVILLE FL 32234	
TITLE	P	<input type="checkbox"/> Delete
NAME	CREWS, S.E.	
STREET ADDRESS	3042 LOWELL AVE	
CITY ST ZIP	JACKSONVILLE FL 32254	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HULING, ROY	
STREET ADDRESS	418 BRANSCOMB RD	
CITY ST ZIP	GREEN COVE SPRINGS FL 32043	
TITLE	STD	<input type="checkbox"/> Delete
NAME	BURNSED, JULIE C	
STREET ADDRESS	6305 DURLAND RD	
CITY ST ZIP	GLEN SAINT MARY FL 32040	
TITLE	D	<input type="checkbox"/> Delete
NAME	KENNEDY, JOHN D	
STREET ADDRESS	595 SOUTH SIXTH ST	
CITY ST ZIP	MACCLENNY FL 32063	
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		
STREET ADDRESS		
CITY ST ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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NAME		
STREET ADDRESS		
CITY ST ZIP		

U00000602489
01/26/07-80090-024 70.00

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:

Wesley J Mosley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

22 Jan 07

Date

804-266-4967

Daytime Phone #