

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90463 036 \*\*\*\*75.00

**DOCUMENT # 763578**

1. Entity Name

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



Principal Place of Business

**17143 NEW BRANDY BRANCH RD  
BALDWIN FL 32234  
US**

Mailing Address

**17143 NEW BRANDY BRANCH RD  
BALDWIN FL 32234  
US**

2. Principal Place of Business

**17143 New Brandy Br. Rd.**

Suite, Apt. #, etc.

**Baldwin FL**

City & State

**FL**

Zip

**32234**

Country

**USA**

3. Mailing Address

**17143 New Brandy Br. Rd**

Suite, Apt. #, etc.

**Baldwin FL**

City & State

**FL**

Zip

**32234**

Country

**USA**



☒ CHECK HERE IF MAKING CHANGES

**Block 10+11**

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

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

*Wesley J. Mosley*

7. Name and Address of New Registered Agent

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 **Wesley J. Mosley**

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

*Wesley J. Mosley*

(NOTE: Registered Agent signature required when reinstating)

DATE

**9 Jan 03**

**FILE NOW: FEE IS \$61.25**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>DC MOSLEY, WESLEY ROUTE 24 BOX 301 BALDWIN FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C WALKER, LOUISE 11010 BRIDGES RD. JACKSONVILLE FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HULING, ROY 418 BRANSCOMB ROAD GREEN COVE SPRINGS FL 32043</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD WILBANKS, ROSE M 6041 LONG BRANCH ROAD JACKSONVILLE FL 32234</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PCD CREWS, S E 3042 LOWELL AVE JACKSONVILLE FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DC FOUNDER AND DIRECTOR Wesley J. Mosley 17143 New Brandy Branch Rd Baldwin, FL 32234</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P President S.E. Crews 3042 Lowell Ave. Jacksonville FL 32254</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V Vice President Roy Huling 418 Branscomb Rd. Green Cove Springs FL 32043</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD Office Manager Julie C. Buansed 6305 DUALAND Rd Glen St. MARY FL 32040</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Advisor John D. Kennedy 595 South Sixth St. MACLENNY, FL 32063</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: **Wesley J. Mosley** *Wesley J. Mosley* **1-9-03** **1-904-266**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)