

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 16, 2006 8:00 am**  
**Secretary of State**

05-16-2006 90022 040 \*\*\*\*70.00

**DOCUMENT # 763922**

1. Entity Name

**GRACE AND TRUTH PRAYER CENTER OF THE  
APOSTALIC FAITH, INC.**



Principal Place of Business

**950 PEARL ST.  
ST. AUGUSTINE, FL 32084**

Mailing Address

**93 South St.  
~~950 PEARL ST.~~  
ST. AUGUSTINE, FL 32084**

**DO NOT WRITE IN THIS SPACE**



04092006 No Chg-NP

CR2E037 (11/05)

4. FEI Number

**65-1261552**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**SMITH, GEORGE  
93 SOUTH STREET  
ST. AUGUSTINE, FL 32084**

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**ET  
SMITH, GEORGE W  
93 SOUTH ST.  
ST. AUGUSTINE, FL 32084**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**TT  
HUNTER, BRUCE  
1271 BUTLER AVE.  
ST. AUGUSTINE, FL 32084**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**SS  
DUNCAN, GWENDOLYN  
55 BARNBURY LN  
PALM COAST, FL 32137**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**S  
WILDER, FRANCES  
93 SOUTH ST.  
ST. AUGUSTINE, FL 32084**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**S  
JUSTICE, JESSIE  
987 W. KING ST.  
ST. AUGUSTINE, FL 32084**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**T  
DUNCAN, ZACHARY J  
104 MAYFIELD DRIVE  
SANFORD, FL 32771**

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:**

*Gwendolyn Duncan, SS*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-9-'06**

Date

**(386) 986-4121**

Daytime Phone #

*Gwendolyn DUNCAN, SS*