

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90372 046 ****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.
ST. AUGUSTINE, FL 32084

40034000



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03042007

Chg-NP

CR2E037 (12/06)

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

7. Name and Address of New Registered Agent

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

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

**Filing Fee is \$81.25
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
NAME
STREET ADDRESS
CITY - ST - ZIP
ET
SMITH, GEORGE W
93 SOUTH ST.,
ST. AUGUSTINE, FL 32084 ☐ Delete

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

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

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MD/PASTOR
Elder John Morris
2717 Westgate Dr
Albany, GA 31707 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
T
V. Anthony Thomas
708 E. Island Sq. Dr.
St. Simons Island, GA 31522 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-4-07

Date

386 986-4121

Daytime Phone #