



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2008 8:00 am
Secretary of State

02-15-2008 90002 002 ****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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02082008 Chg-NP CR2E037 (12/06)	
City & State		City & State		4. FEI Number 65-1261552	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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 <u>George W. Smith</u> DATE <u>2/9/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ET SMITH, GEORGE W 93 SOUTH ST. ST. AUGUSTINE, FL 32084	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TT HUNTER, BRUCE 1271 BUTLER AVE. ST. AUGUSTINE, FL 32084		<input checked="" type="checkbox"/> Delete	TT Y. Anthony Thomas 708 E. Island Square Dr. St. Simons Island, GA 31522	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
SS DUNCAN, GWENDOLYN 55 BARNBURY LN PALM COAST, FL 32137		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
S WILDER, FRANCES 93 SOUTH ST. ST. AUGUSTINE, FL 32084		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
S JUSTICE, JESSIE 987 W. KING ST. ST. AUGUSTINE, FL 32084		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
T DUNCAN, ZACHARY J 104 MAYFIELD DRIVE SANFORD, FL 32771		<input checked="" type="checkbox"/> Delete	T Willie Rickerson, Jr 850 Ervin St. St. Augustine, FL 32084	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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: <u>Gwendolyn P. Duncan</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>2-10-08</u> (386) 986-4121 <small>Daytime Phone #</small>		