

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 763922

FILED
Apr 20, 2009
Secretary of State

Entity Name: GRACE AND TRUTH PRAYER CENTER OF THE APOSTALIC FAITH, INC.

Current Principal Place of Business:

950 PEARL ST.
ST. AUGUSTINE, FL 32084

New Principal Place of Business:

950 PEARL ST.
ST. AUGUSTINE, FL 32084 US

Current Mailing Address:

93 SOUTH ST.
ST. AUGUSTINE, FL 32084

New Mailing Address:

P.O. BOX 1225
ST. AUGUSTINE, FL 32085 12

FEI Number: 65-1261552

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: ET () Delete
Name: SMITH, GEORGE W
Address: 93 SOUTH ST.
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: TT () Delete
Name: THOMAS, ANTHONY V
Address: 705 E ISLAND SQ DR
City-St-Zip: SAINT SIMONS ISLAND, GA 31522

Title: SS () Delete
Name: DUNCAN, GWENDOLYN
Address: 55 BARNBURY LN
City-St-Zip: PALM COAST, FL 32137

Title: S () Delete
Name: WILDER, FRANCES
Address: 93 SOUTH ST.
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: S () Delete
Name: JUSTICE, JESSIE
Address: 987 W. KING ST.
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: T () Delete
Name: RICKERSON, WILLIE JR
Address: 850 ERVIN ST
City-St-Zip: SAINT AUGUSTINE, FL 32084

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GWENDOLYN DUNCAN

SS

04/20/2009

Electronic Signature of Signing Officer or Director

Date