

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 766259 (6)
1. Corporation Name
TRUE GRACE FELLOWSHIP ASSEMBLY OF GOD, INC.



Principal Place of Business Mailing Address
P O BOX 857 MILTON FL 32572-7857 **P O BOX 857 MILTON FL 32572-7857**

3. Date Incorporated or Qualified **12/22/1982** 3a. Date of Last Report **03/09/1995**
4. FEI Number **59-2294492** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 24 Country 25 29 Zip 30 Country

9. Name and Address of Current Registered Agent
**WHEELER, SYLVIA
4436 ANGIE LANE
PACE FL 32571**

10. Name and Address of New Registered Agent
81 Name **JENNIE A. ROSWELL**
82 Street Address (P.O. Box Number is Not Acceptable) **6950 Holland Rd.**
83 **P.O. Box 179**
84 City **BAGDAD** FL 85 Zip Code **32583**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **JENNIE A. ROSWELL** *Jennie A. Roswell ST* DATE **1-22-96**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	BARROW, DUKE	
STREET ADDRESS	5178 WILLARD NORRIS RD.	
CITY-ST-ZIP	MILTON FL	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	WHEELER, SYLVIA	
STREET ADDRESS	4436 ANGIE LANE	
CITY-ST-ZIP	PACE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LEGGETT, WILLIE T.	
STREET ADDRESS	RT 1 BOX 32	
CITY-ST-ZIP	MILTON FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DYESS, SUE	
STREET ADDRESS	4371 FLORIDATOWN RD.	
CITY-ST-ZIP	MILTON FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ENFINGER, HARVEY	
STREET ADDRESS	3437 BERRYHILL RD.	
CITY-ST-ZIP	PACE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Barrow, Duke	
1.3 STREET ADDRESS	5178 Willard Norris Rd	
1.4 CITY-ST-ZIP	MILTON, Fla. 32570	
2.1 TITLE	DIST.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ROSSELL, JENNIE	
2.3 STREET ADDRESS	6950 HOLLAND RD	MAILING ADDRESS
2.4 CITY-ST-ZIP	BAGDAD, FL 32583	PO BOX 179 BAGDAD FL 32583
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Richards, CARY	
3.3 STREET ADDRESS	4889 Carl Booker Rd	
3.4 CITY-ST-ZIP	MILTON, Fla. 32570	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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DWB 1/15/96

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Jennie A. Roswell ST** DATE **1-22-96** Daytime Phone # **904-626-0626**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)