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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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
5178 WILLARD NORRIS RD MILTON FL 32570 US	P O BOX 857 MILTON FL 32572-7857

3. Date Incorporated or Qualified: 12/22/1982

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

ROSWELL, JENNIE A
6950 HOLLAND RD.
P.O. BOX 179
BAGDAD FL 32583

10. Name and Address of New Registered Agent

81 Name: Roberta Harrell
82 Street Address (P.O. Box Number is Not Acceptable): 1409 Hickory Street
83: P.O. 857
84 City: Milton **FL** 85 Zip Code: 32570

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 or 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: Roberta M. Harrell 1-14-98
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D/P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BARROW, DUKE		1.2 NAME		
STREET ADDRESS	5178 WILLARD NORRIS RD.		1.3 STREET ADDRESS		
CITY-ST-ZIP	MILTON FL 32570		1.4 CITY-ST-ZIP		
TITLE	DST	☐ DELETE	2.1 TITLE	D	☒ Change ☐ Addition
NAME	ROSWELL, JENNIE		2.2 NAME	ROSWELL, JENNIE	
STREET ADDRESS	6950 HOLLAND RD.		2.3 STREET ADDRESS	6950 Holland Rd.	
CITY-ST-ZIP	BAGDAD FL 32583		2.4 CITY-ST-ZIP	Bagdad Fl. 32583	
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HENRY, HARRELL		3.2 NAME		
STREET ADDRESS	1409 HICKORY ST.		3.3 STREET ADDRESS		
CITY-ST-ZIP	MILTON FL		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	DST	☐ Change ☒ Addition
NAME			4.2 NAME	ROBERTA HARRELL	
STREET ADDRESS			4.3 STREET ADDRESS	1409 HICKORY ST.	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	MILTON, FL 32570	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Rev. Duke L. Barrow (Pastor) 1-14-98 850-623-4795