# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Feb 11, 2000 8:00 am**
**Secretary of State**
02-11-2000 90008 011 ****70.00

DOCUMENT # 766259

1. Entity Name

TRUE GRACE FELLOWSHIP ASSEMBLY OF GOD, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 5178 WILLARD NORRIS RD<br>MILTON FL 32570<br>US | P O BOX 857<br>MILTON FL 32572-0857 |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | | 3. Mailing Address | |
|---|---|---|---|
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

4. FEI Number 59-2294492 ☐ 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 |
|---|---|
| HARRELL, ROBERTA<br>1409 HICKORY ST<br>P O BOX 857<br>MILTON FL 32570 | Name Norris, Theresa<br>Street Address (P.O. Box Number is Not Acceptable) 5178 Willard Norris Rd<br>Milton<br>City **FL** Zip Code 32570 |

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.

SIGNATURE Theresa R. Norris 2-7-00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS $61.25**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D/P<br>BARROW, DUKE<br>5178 WILLARD NORRIS RD.<br>MILTON FL 32570 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DST<br>Theresa Norris<br>5178 Willard Norris Road<br>Milton FL 32570 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>ROSWELL, JENNIE<br>6950 HOLLAND RD.<br>BAGDAD FL 32583 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>HENRY, HARRELL<br>1409 HICKORY ST.<br>MILTON FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DST<br>ROBERTA HARRELL<br>1409 HICKORY ST<br>MILTON FL 32570 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | 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 exemption stated in Section 119.07(3)(i), 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:** Theresa Norris SIGNATURE REQUIRED 2-7-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #