2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2002 8:00 am
Secretary of State
02-27-2002 90039 010 ****70.00

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DOCUMENT # 766259

1. Entity 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

B00034242

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
NORRIS, THERESA 5178 WILLARD NORRIS RD MILTON FL 32570	Name KLAPP, KILEEN Street Address (P.O. Box Number is Not Acceptable) 6912 SUMMIT WAY City MILTON 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 Kileen B Klapp, KILEEN KLAPP, DST 2/14/02
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	DST NORRIS, THERESA 5178 WILLARD NORRIS RD. MILTON FL 32570	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST KLAPP, KILEEN 6912 SUMMIT WAY MILTON, FL 32570	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NORRIS, MIKE 6640 IMPERIAL DR. MILTON FL 32570	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GALLOWAY, DREW 6268 Anderson LANE MILTON, FL 32570	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HENRY, HARRELL 1409 HICKORY ST. MILTON FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PCD BARROW, DUKE 6436 WILMAR AVE. MILTON FL 32570	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NALL, SHELBY 6464 KIMBRO RD. 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

CR2E037 (9/01)

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: Kileen B Klapp, KILEEN KLAPP 2/14/02 850/623-4795
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #