

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90271 003 ****61.25

DOCUMENT # 766259

1. Entity Name

TRUE GRACE FELLOWSHIP ASSEMBLY OF GOD, INC.



Principal Place of Business

5178 WILLARD NORRIS RD
MILTON FL 32570
US

Mailing Address

5178 WILLARD NORRIS RD
MILTON FL 32570

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

44026548



MOORE

CR2E037 (11/03)

6. Name and Address of Current Registered Agent

KLAPP, KILEEN
6912 SUMMIT WAY
MILTON FL 32570

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	DST	☐ Delete
NAME	KLAPP, KILEEN	
STREET ADDRESS	6912 SUMMIT WAY	
CITY-ST-ZIP	MILTON FL 32570	
TITLE	D	☒ Delete
NAME	HENRY, HARRELL	
STREET ADDRESS	1409 HICKORY ST.	
CITY-ST-ZIP	MILTON FL	
TITLE	PCD	☐ Delete
NAME	BARROW, DUKE	
STREET ADDRESS	6436 WILMAR AVE.	
CITY-ST-ZIP	MILTON FL 32570	
TITLE	D	☒ Delete
NAME	NALL, SHELBY	
STREET ADDRESS	6464 KIMBRO RD.	
CITY-ST-ZIP	MILTON FL 32570	
TITLE	D	☒ Delete
NAME	KLAPP, TIMOTHY	
STREET ADDRESS	6912 SUMMIT WAY	
CITY-ST-ZIP	MILTON FL 32570	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		☐ Change ☒ Addition
NAME	Joel Segraves	
STREET ADDRESS	5812 Twin Oaks Dr.	
CITY-ST-ZIP	Pace, FL 32571	
TITLE	Joe Scott	☐ Change ☒ Addition
NAME	Joe Scott	
STREET ADDRESS	4936 W. Spencer Field Rd.	
CITY-ST-ZIP	Pace, FL 32571	
TITLE	D	☐ Change ☒ Addition
NAME	Jimmie Dudley	
STREET ADDRESS	6533 Dalisa Rd.	
CITY-ST-ZIP	Milton, FL 32583	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kileen B. Klapp Kileen B. Klapp

Date

4/7/04

Daytime Phone #

850/623-4795