

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90031 011 ****70.00

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		4. FEI Number 59-2294492	
Zip		Country		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
Applied For		Not Applicable			
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 MORRIS, HAROLD	
				Street Address (P.O. Box Number is Not Acceptable) 10390 VALLEY GROVE RD.	
				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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <i>Harold Morris</i> HAROLD MORRIS, TREASURER 4-6-05 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, 2005		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST KLAPP, KILEEN 6912 SUMMIT WAY MILTON FL 32570	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST MORRIS, HAROLD 10390 VALLEY GROVE RD. MILTON, FL 32570	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEGRAVES, JOEL 5812 TWIN OAKS DR. MILTON FL 32571	☐ 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 SCOTT, JOE 4936 W. SPENCER FIELD RD. PACE FL 32571	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUDLEY, JIMMIE 6533 DALISA RD. MILTON FL 32583	☐ 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	D HARRELL, HENRY 5787 HICKORY ST. MILTON, FL 32570	☐ 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: <i>Duke Barrow</i> DUKE BARROW			4/6/05 Date Daytime Phone # 850-623-4795		