2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2003
Secretary of State

DOCUMENT# 766259

Entity Name: TRUE GRACE FELLOWSHIP ASSEMBLY OF GOD, INC.

Current Principal Place of Business:

5178 WILLARD NORRIS RD
MILTON, FL 32570 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 857
MILTON, FL 325727857

New Mailing Address:

5178 WILLARD NORRIS RD
MILTON, FL 32570

FEI Number: 59-2294492 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KLAPP, KILEEN
6912 SUMMIT WAY
MILTON, FL 32570 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DST ( ) Delete
Name: KLAPP, KILEEN
Address: 6912 SUMMIT WAY
City-St-Zip: MILTON, FL 32570

Title: D ( ) Delete
Name: HENRY, HARRELL
Address: 1409 HICKORY ST.
City-St-Zip: MILTON, FL

Title: PCD ( ) Delete
Name: BARROW, DUKE
Address: 6436 WILMAR AVE.
City-St-Zip: MILTON, FL 32570

Title: D ( ) Delete
Name: NALL, SHELBY
Address: 6464 KIMBRO RD.
City-St-Zip: MILTON, FL 32570

Title: D ( ) Delete
Name: GALLOWAY, DREW
Address: 6268 ANDERSON LANE
City-St-Zip: MILTON, FL 32570

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: KLAPP, TIMOTHY
Address: 6912 SUMMIT WAY
City-St-Zip: MILTON, FL 32570

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KILEEN KLAPP DST 04/26/2003

Electronic Signature of Signing Officer or Director — Date