


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # F02000002231	
1. Entity Name AMAZING GRACE MISSION - FAIR FELLOWSHIP - MAIL BOX CLUB, INC.	

Principal Place of Business 16510 NORTH STAR CIRCLE SALE CREEK, TN 37373 US	Mailing Address PO BOX 289 DAYTON, TN 37321
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DO NOT WRITE IN THIS SPACE



01082008 No Chg-NP CR2E037 (4/06)

4. FEI Number 58-1596738	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent GARDNER, JAMES 314 US HWY 92 W SEFFNER, FL 33584
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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

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000783440 01/16/08-80015-002 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC GARDNER, JAMES H 314 US HWY 92 W SEFFNER, FL 33584
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VVCS GARDNER, JOHN 16500 N. STAR CIR. SALE CREEK, TN 37373
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GARDNER, PAULA 16510 NORTH STAR CIR SALE CREEK, TN 37373
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRIPLETT, ROGER 10623 BAY HILLS CIR THONTOSASSA, FL 335923149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLUCKEY, CHARLES PO BOX 7 (206 W. MAIN ST.) CHALMERS, IN 47929
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FALK, TODD 168 GAILOR RD WILTON, NY 12831

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **John Gardner** 1/9/08 (423) 332-9302
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #