


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

4/ **FILED**
May 11, 2005 8:00 am
Secretary of State

04-18-2005 90304 033 ****70.00

DOCUMENT # N0100007659

1. Entity Name
GRACE OF GOD MISSIONARY BAPTIST CHURCH, INC.



Principal Place of Business
**3002 N STAR STREET
 TAMPA, FL 33614**

Mailing Address
**10302 ORCHARD HILLS CT
 TAMPA, FL 33615**

66016594



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

02012005 Chg-NP CR2E037 (10/03)

City & State
 Zip Country

4. FEI Number
59-3724526

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**THOMAS, FREDERICK
 10302 ORCHARD HILLS CT
 TAMPA, FL 33615**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)

**Filing Fee is \$81.25
 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	DIP THOMAS, FREDERICK E 10302 ORCHARD HILLS CT TAMPA, FL 33615 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/S THOMAS, SHELIA D 10302 ORCHARD HILLS CT TAMPA, FL 33615 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LINDSAY, RUDEAN 2007 E 24TH AVE APT A TAMPA, FL 33605 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DK LARRY E. GAINOUS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5820 34th Avenue SO. TAMPA FL 33619
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  DATE: **APR. 14 2005** DAYTIME PHONE #: **887-3526**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ATTACHMENT

66016594
#NOL000007659

Addition + Changes

Old:

1. Fredrick Thomas
President / Director
2. Shelia Thomas
Director / Secretary
3. Rudean Lindsay
Director / Chairman

New- Addition.

4. Larry Ganius
5820 34th Avenue So.
Tampa FL 33619
Director / Chairman