

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2007 8:00 am
Secretary of State

04-11-2007 90034 016 ****70.00

DOCUMENT # N01000007659

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



Principal Place of Business
**4205 N. FLORIDA AVENUE
TAMPA, FL 33602**

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



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03232007

Chg-NP

CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-3724526

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THOMAS, FREDERICK
10302 ORCHARD HILLS CT
TAMPA, FL 33615**

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

**Filing Fee is \$61.25
Due by May 1, 2007**

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 PD
NAME THOMAS, FREDERICK E ☐ Delete
STREET ADDRESS 10302 ORCHARD HILLS CT
CITY-ST-ZIP TAMPA, FL 33615

TITLE **Ronald Thomas** ☐ Change ☒ Addition
NAME **7804 River Resort Lane, Apt D**
STREET ADDRESS **TAMPA FL 33617**
CITY-ST-ZIP

TITLE DS
NAME THOMAS, SHELIA D ☐ Delete
STREET ADDRESS 10302 ORCHARD HILLS CT
CITY-ST-ZIP TAMPA, FL 33615

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME LINDSAY, RUDEAN ☐ Delete
STREET ADDRESS 2007 E 24TH AVE APT A
CITY-ST-ZIP TAMPA, FL 33605

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DC ☒ Delete
NAME GAINOUS, LARRY E.
STREET ADDRESS 5820 34TH AVENUE SOUTH
CITY-ST-ZIP TAMPA, FL 33619

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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 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: *FREDERICK THOMAS*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/07
Date

Daytime Phone #