

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 28, 2008 08:00 A
Secretary of State

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**



03202008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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**

**DO NOT WRITE
IN THIS SPACE**

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 reselecting)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**U00000873646
04/10/08-80086-017 70.00**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	THOMAS, FREDERICK E
STREET ADDRESS	10302 ORCHARD HILLS CT
CITY-ST-ZIP	TAMPA, FL 33615
TITLE	DS
NAME	THOMAS, SHELIA D
STREET ADDRESS	10302 ORCHARD HILLS CT
CITY-ST-ZIP	TAMPA, FL 33615
TITLE	D
NAME	LINDSAY, RUDEAN
STREET ADDRESS	2007 E 24TH AVE APT A
CITY-ST-ZIP	TAMPA, FL 33605
TITLE	DC
NAME	THOMAS, RONALD
STREET ADDRESS	7804 RIVER RESORT LANE APT D
CITY-ST-ZIP	TAMPA, FL 33617
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/08
Date

(813) 887-3528
Daytime Phone