

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 27, 2006 08:00 AM
Secretary of State**

DOCUMENT # N02000007122

1. Entity Name
AMAZING GRACE APOSTOLIC TABERNACLE, INC



Principal Place of Business

**2300 HOWLAND BLVD.
DELTONA, FL 32738**

Mailing Address

**654 STALLING AVE
DELTONA, FL 32738**



04262006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
82-0568796

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GRAHAM, PEARL E
2115 SABEL PALM DRIVE
EDGEWATER, FL 32141**

**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 reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT JONES, EARL 654 STALLINGS AVE. DELTONA, FL 32738
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WOOD, FRANK 904 HAMILTON STREET NEW SMYRNA BEACH, FL 32168
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WALKER, ROBERT 803 SPRUCE STREET NEW SMYRNA BEACH, FL 32168
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GRAHAM, PEARL 2115 SABAL PALM DRIVE EDGEWATER, FL 32141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TT INGRAHAM, MARK 2497 WEATHERFORD DRIVE DELTONA, FL 32738
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HOLLIDAY, TAMMY 1113 WEST SEAGATE DR DELTONA, FL 32725

U000000537462
05/09/06-80018-018 61.25

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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:

Pearl Graham

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/06

Date

386-428-6768

Daytime Phone #