

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007122

FILED
Apr 30, 2008
Secretary of State

Entity Name: AMAZING GRACE APOSTOLIC TABERNACLE, INC

Current Principal Place of Business:

2300 HOWLAND BLVD.
DELTONA, FL 32738

New Principal Place of Business:

Current Mailing Address:

654 STALLING AVE
DELTONA, FL 32738

New Mailing Address:

FEI Number: 82-0568796

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: JONES, EARL
Address: 654 STALLINGS AVE.
City-St-Zip: DELTONA, FL 32738

Title: T () Delete
Name: WOOD, FRANK
Address: 904 HAMILTON STREET
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: T () Delete
Name: WALKER, ROBERT
Address: 803 SPRUCE STREET
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: ST () Delete
Name: GRAHAM, PEARL
Address: 2115 SABAL PALM DRIVE
City-St-Zip: EDGEWATER, FL 32141

Title: TT () Delete
Name: INGRAHAM, MARK
Address: 2497 WEATHERFORD DRIVE
City-St-Zip: DELTONA, FL 32738

Title: T () Delete
Name: HOLLIDAY, TAMMY
Address: 1113 WEST SEAGATE DR
City-St-Zip: DELTONA, FL 32725

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EARL JONES

PT

04/30/2008

Electronic Signature of Signing Officer or Director

Date