FILED
Jun 11, 2003 8:00 am
Secretary of State
04-25-2003 90208 020 ****61.25

4/2
4/2

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N02000007122

1. Entity Name
AMAZING GRACE APOSTOLIC TABERNACLE, INC

Principal Place of Business	Mailing Address
280 WOLF PACK RUN DELTONA FL 32725	654 STALLING AVE DELTONA FL 32738

[redacted]

2. Principal Place of Business	3. Mailing Address
2309 Howland Blvd Deltona Fla 32738	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Deltona Fla	City & State
Zip: 32738 Country: Volusia	Zip Country

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number: 92-0568796 ☐ Applied For ☐ Not Applicable

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
GRAHAM, PEARL E 2115 SABEL PALM DRIVE EDGEWATER FL 32141	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 reinstating)

FILE NOW: FEE IS $61.25 | 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	PRESIDENT EARL JONES 654 Stallings Ave Deltona Fla. 32738 ☐ Delete T	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	FRANK WOOD 904 Hamilton Street New Smyrna Beach Fla 32168 ☐ Delete T	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ROBERT WALKER 803 Spruce Street New Smyrna Beach Fla 32168 ☐ Delete T	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECTARY PEARL GRAHAM 2115 Sabal Palm Drive Edgewater Fla. 32141 ☐ Delete T	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER MARK INGRAHAM 2497 Wenonah Trail Drive Deltona Fla. 32738 ☐ Delete T	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Robert Thomas 300 Milford Circle New Smyrna Bch. Fla. 32168 ☐ Delete T	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/02)

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: Earl Jones REQUIRED 22 Apr 03 407-302-0462
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #