

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007692

FILED
Apr 14, 2009
Secretary of State

Entity Name: AMAZING GRACE CHURCH OF GOD IN CHRIST INC.

Current Principal Place of Business:

404 10TH AVE W
PALMETTO, FL 34221

New Principal Place of Business:

Current Mailing Address:

PO BOX 688
PALMETTO, FL 34221

New Mailing Address:

FEI Number: 20-0206162

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PINKNEY, JAMES
1811 18TH ST CT E
PALMETTO, FL 34221 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: P () Delete
Name: DUNBAR, ROOSEVELT SR
Address: 815 31ST ST. E.
City-St-Zip: PALMETTO, FL 34221

Title: VP () Delete
Name: PINKNEY, JAMES
Address: 1811 18TH ST CT. E.
City-St-Zip: PALMETTO, FL 34221

Title: AVP () Delete
Name: PINKNEY, JOHNNIE M
Address: 1811 18TH ST. CT. E
City-St-Zip: PALMETTO, FL 34221

Title: AVP () Delete
Name: DUNBAR, MELISSA A
Address: 1516 6TH AVE E
City-St-Zip: PALMETTO, FL 34221

Title: AVP () Delete
Name: MITCHELL, BOBBIE A
Address: 815 31ST ST E
City-St-Zip: PALMETTO, FL 34221

Title: AVP () Delete
Name: MURRELL, JOHN
Address: PO BOX 688
City-St-Zip: PALMETTO, FL 34221

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: AVP (X) Change () Addition
Name: MITCHELL, BOBBIE A
Address: 1908 4TH AVE W
City-St-Zip: PALMETTO, FL 34221

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: JAMES PINKNEY

VP

04/14/2009

Electronic Signature of Signing Officer or Director

Date