

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2007 08:00 A
Secretary of State

DOCUMENT # N04000000717

1. Entity Name

FULL OF GRACE AND TRUTH MINISTRIES, INC.



Principal Place of Business

4711 NW 13 COURT
LAUDERHILL, FL 33313

Mailing Address

4711 NW 13 COURT
LAUDERHILL, FL 33313

DO NOT WRITE IN THIS SPACE



03242007 No Chg-NP

CR2E037 (4/06)

4. FEI Number

55-0856575

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FORD, JAMES EARL
4711 NW 13 COURT
LAUDERHILL, FL 33313

**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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME FORD, JAMES
STREET ADDRESS 4711 NW 13TH COURT
CITY-ST-ZIP LAUDERDILL, FL 33312

TITLE V
NAME FORD, MELODINE
STREET ADDRESS 4711 NW 13TH COURT
CITY-ST-ZIP LAUDERDILL, FL 33312

TITLE CHRM
NAME BRIDGES, BENJAMIN
STREET ADDRESS 4711 NW 13TH COURT
CITY-ST-ZIP LAUDERDILL, FL 33312

TITLE T
NAME ADAMS, SYLVIA
STREET ADDRESS 4711 NW 13TH COURT
CITY-ST-ZIP LAUDERDILL, FL 33312

TITLE S
NAME MANLEY, MALINDA
STREET ADDRESS 4711 NW 13TH COURT
CITY-ST-ZIP LAUDERDILL, FL 33312

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000688287
04/10/07-80074-009 61.25

**DO NOT WRITE
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

Date

Daytime Phone #