

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

FILED
Apr 05, 2007 08:00 A
Secretary of State

DOCUMENT # N05000002969

1. Entity Name
TABERNACLE GRACE BAPTIST CHURCH INC.



Principal Place of Business
723 WEST PEACHTREE
LAKELAND, FL 33801

Mailing Address
723 WEST PEACHTREE
LAKELAND, FL 33801



04042007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
74-3168281

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LUCKETT, JAMES
930 N. IOWA ST #2
LAKELAND, FL 33801

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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 C
NAME LUCKETT, RICHARD E
STREET ADDRESS 3632 PARTRIDGE PATH #1
CITY-ST-ZIP ANN ARBOR, MI 48108

TITLE D
NAME RICH, JEANENE
STREET ADDRESS 1219 ROBERT KING HIGH DR
CITY-ST-ZIP LAKELAND, FL 33805

TITLE P
NAME LUCKETT, JAMES
STREET ADDRESS 930 N. IOWA ST #2
CITY-ST-ZIP LAKELAND, FL 33801

TITLE S
NAME GAINER, SANDRA D
STREET ADDRESS 2209 CHESTNUT HILLS DR
CITY-ST-ZIP LAKELAND, FL 33805

TITLE T
NAME AMOS, JOSEPH L
STREET ADDRESS 3632 PARTRIDGE PATH #1
CITY-ST-ZIP ANN ARBOR, MI 48108

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000692201
04/13/07-80042-006 70.00

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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone