


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 08, 2008 8:00 am**  
**Secretary of State**

02-08-2008 90028 023 \*\*\*\*61.25

|  |  |   |  |   |  |
|--|--|---|--|---|--|
| <b>DOCUMENT # N07000006867</b><br>1. Entity Name<br><b>GRANT TABERNACLE A.M.E. CHURCH, INCORPORATED</b>  |  |   |  |                                      |  |
| Principal Place of Business<br><b>577 MARTIN LUTHER KING DRIVE<br/>CHIPLEY, FL 32428</b>   |  |   | Mailing Address<br><b>P.O. BOX 370<br/>CHIPLEY, FL 32428</b>   |   |  |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.  |  | 3. Mailing Address<br><br>Suite, Apt. #, etc.                                       |  |   |  |
| City & State   |  | City & State  |  |   |  |
| Zip  | Country  | Zip   | Country  | 4. FEI Number<br><b>59-3137965</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  |   |  | Applied For<br>Not Applicable   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>BROWN, LARRY<br/>1671 MONROE SHEFFIELD ROAD<br/>CHIPLEY, FL 32428</b>  |  |   |  | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |  |
| 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.  |  |   |  | \$8.75 Additional Fee Required  |  |
| SIGNATURE <i>[Signature]</i><br><small>Signature, typed or printed name of registered agent and title if applicable.</small>   |  |   |  | DATE <b>2-7-08</b><br><small>(NOTE: Registered Agent signature required when reissuing)</small>                       |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2008</b>  |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be<br/>Added to Fees</b>  |  |
| Make check payable to<br><b>Florida Department of State</b>  |  |   |  |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |  |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | T<br>ANDREWS, TOMMIE<br>1173 FARMER ROAD<br>CHIPLEY, FL 32428        | <input type="checkbox"/> Delete   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | S<br>CAMPBELL, WANDA<br>1247 CAMPBELLTON AVENUE<br>CHIPLEY, FL 32428 | <input type="checkbox"/> Delete   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | T<br>ANDREWS, JEANETTA<br>1173 FARMER ROAD<br>CHIPLEY, FL 32428      | <input type="checkbox"/> Delete   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | T<br>COTTON, IDA<br>768 BROWN STREET<br>CHIPLEY, FL 32428            | <input type="checkbox"/> Delete   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | T<br>REED, JANE<br>576 MARTIN LUTHER KING<br>CHIPLEY, FL 32428       | <input type="checkbox"/> Delete   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | T<br>BROWN, LETTIE<br>711 ORANGE STREET<br>CHIPLEY, FL 32428         | <input type="checkbox"/> Delete   |  |   |  |
| 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: <i>[Signature]</i><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> |   |  |
| DATE <b>2-7-08</b>   |  |   | Daytime Phone # <b>850-260-2027</b>  |   |  |