

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90053 042 ****61.25

DOCUMENT # N14759 1. Entity Name GRACE APOSTOLIC TEMPLE, INC.	
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Principal Place of Business 1712 SOUTH WEST ROAD SANFORD, FL 32771	Mailing Address P.O. BOX 2058 SANFORD, FL 32771
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DO NOT WRITE IN THIS SPACE



04072008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2737322	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BENNETT, MAURICE D.
 114 MCKAY BLVD
 SANFORD, FL 32771

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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)

Filing Fee Is \$61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BENNETT, MAURICE D. 114 MCKAY BLVD. SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BENNETT, CYNTHIA, E 114 MCKAY BLVD SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MCMILLER, CLARENCE 3000 FIFER DRIVE DELTONA, FL 32738
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENNETT, WILLIE J. 112 SCOTT DRIVE SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TYER, THELMA 142 SCOTT DRIVE SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Maurice D. Bennett Sr. Maurice D. Bennett Sr. 4/8/08 407-321-2101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #