

**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.**



Principal Place of Business  
**1712 SOUTH WEST ROAD  
SANFORD, FL 32771**

Mailing Address  
**P.O. BOX 2058  
SANFORD, FL 32771**

**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 ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

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

**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, 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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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:** *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 #