

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jul 13, 2005 8:00 am**  
**Secretary of State**

07-13-2005 90018 021 \*\*\*\*61.25

**DOCUMENT # N29242**

1. Entity Name

AMAZING GRACE FULL GOSPEL CHURCH, INC.



Principal Place of Business

6608 OLD KINGS RD  
JACKSONVILLE FL 32208  
US

Mailing Address

11130 HAWTHORNE STREET  
JACKSONVILLE FL 32218

2. Principal Place of Business

1451 EASTPORT ROAD

3. Mailing Address

Suite, Apt. #, etc.

City & State

JACKSONVILLE FL

City & State

Zip

32218

Country

DUVAL

Country

4. FEI Number

59-2923602

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

NETTLES, MARIE, PASTOR  
11130 HAWTHORNE ST.  
JACKSONVILLE FL 32218

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME NETTLES, MARIE  
STREET ADDRESS 11130 HAWTHORNE STREET  
CITY-ST-ZIP JACKSONVILLE FL

TITLE TD ☐ Delete  
NAME NETTLES, DAVID  
STREET ADDRESS 11130 HAWTHORN  
CITY-ST-ZIP JACKSONVILLE FL

TITLE ED ☐ Delete  
NAME PASCHAL, MARGARET  
STREET ADDRESS 2100 BEACH BLVD.  
CITY-ST-ZIP JACKSONVILLE FL

TITLE ED ☐ Delete  
NAME ROGERS, MARTHA  
STREET ADDRESS 11110 HAWTHORN ST.  
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: David Nettles  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/5/05 904-757-0224  
DATE Daytime Phone #