

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 08:00 AM
Secretary of State

DOCUMENT # N29242

1. Entity Name
AMAZING GRACE FULL GOSPEL CHURCH, INC.



Principal Place of Business
**1451 EASTPORT ROAD
JACKSONVILLE, FL 32218 US**

Mailing Address
**11130 HAWTHORNE STREET
JACKSONVILLE, FL 32218**



04142008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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**

**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**

U000000911364
05/07/08-80037-020 61.25

10. OFFICERS AND DIRECTORS

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
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

4/17/08

Date

904 4341849

Daytime Phone #