

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29242

FILED
Aug 24, 2009
Secretary of State

Entity Name: AMAZING GRACE FULL GOSPEL CHURCH, INC.

Current Principal Place of Business:

1451 EASTPORT ROAD
JACKSONVILLE, FL 32218 US

New Principal Place of Business:

Current Mailing Address:

11130 HAWTHORNE STREET
JACKSONVILLE, FL 32218

New Mailing Address:

FEI Number: 59-2923602 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: NETTLES, MARIE
Address: 11130 HAWTHORNE STREET
City-St-Zip: JACKSONVILLE, FL

Title: TD () Delete
Name: NETTLES, DAVID
Address: 11130 HAWTHORN
City-St-Zip: JACKSONVILLE, FL

Title: ED () Delete
Name: PASCHAL, MARGARET
Address: 2100 BEACH BLVD.
City-St-Zip: JACKSONVILLE, FL

Title: ED () Delete
Name: ROGERS, MARTHA
Address: 11110 HAWTHORN ST.
City-St-Zip: JACKSONVILLE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID NETTLES

T/D

08/24/2009

Electronic Signature of Signing Officer or Director

Date