2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2005 8:00 am
Secretary of State
05-05-2005 90106 015 ****61.25

DOCUMENT # N30385

1. Entity Name
AMAZING GRACE EVANGELICAL LUTHERAN CHURCH INC.

Principal Place of Business	Mailing Address
2530 JENKS AVENUE ATTN: PRESIDENT PANAMA CITY, FL 32405	2530 JENKS AVENUE ATTN: PRESIDENT PANAMA CITY, FL 32405

04092005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2942382 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RAABE, RONALD 1002 RUSS LAKE DR PANAMA CITY, FL 32404	Name: Robert J Davison Street Address (P.O. Box Number is Not Acceptable): 1300 Connecticut Ave City: Lynn Haven FL Zip Code: 32444

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: Robert J Davison — 30 April 05
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, 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P RAABE, RONALD 1002 RUSS LAKE DR PANAMA CITY, FL 32404	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCTRUST, TIM 114 SANDOLLAR DR PANAMA CITY BEACH, FL 32407	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	FSD GILES, DONALD J 302 WOOD TRAIL PANAMA CITY, FL 32405	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ECD OWENS, KEITH 4009 LEE ANN CIR PANAMA CITY, FL 32405	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Dunbald, William 2812 Hwy 2321 #7 Panama City, FL 32405	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MATHSON, BRANDON 166 CHRISTOPHER DRIVE PANAMA CITY, FL 32403	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD DOERRER, WILLIAM 1905 WILMONT AVE PANAMA CITY, FL 32405	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Robert J Davison — 30 APR 05 — 271-5926
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #