

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 08, 2006 08:00 AM
Secretary of State

DOCUMENT # N35034

1. Entity Name

AMAZING GRACE APOSTOLIC CHURCH, INC.



Principal Place of Business

AMAZING GRACE APOSTOLIC CHURCH
106 ROBBINS AVE.
PORT ST. JOE FL 32456

Mailing Address

417 NANCY DRIVE
PANAMA CITY FL 32404

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

59-3122740

Applied For

Not Applicable

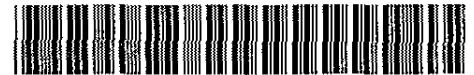
5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/05)



6. Name and Address of Current Registered Agent

LOWERY, ROBERT
417 NANCY DRIVE
PANAMA CITY FL 32404

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

Robert Lowery

Signature typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

2/6/06

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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 NAME PCD
NAME LOWERY, ROBERT ☐ Delete
STREET ADDRESS 417 NANCY DRIVE
CITY-ST-ZIP PANAMA CITY FL 32404

TITLE NAME VD
NAME LOWERY, AUDREY LOUISE ☐ Delete
STREET ADDRESS 417 NANCY DRIVE
CITY-ST-ZIP PANAMA CITY FL 32404

TITLE NAME D
NAME MCGLAND, KAREN ☐ Delete
STREET ADDRESS 738 MARK DRIVE
CITY-ST-ZIP PANAMA CITY FL 32404

TITLE NAME D
NAME NICKSON, ALMETA ☐ Delete
STREET ADDRESS 320 AVE E.
CITY-ST-ZIP PORT ST JOE FL 32457

TITLE NAME SD
NAME DIXSON, ALICE F ☐ Delete
STREET ADDRESS 320 KENNY ST
CITY-ST-ZIP PORT SAINT JOE FL 32456

TITLE NAME ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☐ Change ☐ Add
NAME
STREET ADDRESS 000000425152
CITY-ST-ZIP 02/18/06-80083-005 70.00

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

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

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Robert Lowery

2/6/06

850-522-6503