

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 08, 2007 08:00 A
Secretary of State

DOCUMENT # N45938

1. Entity Name

GRACEVILLE FIRST ASSEMBLY OF GOD, INC.



Principal Place of Business

5565 BROWN STREET
GRACEVILLE, FL 32440

Mailing Address

5565 BROWN STREET
GRACEVILLE, FL 32440

DO NOT WRITE IN THIS SPACE



07112007 No Chg-NP

CR2E037 (4/06)

4. FEI Number

59-3104319

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JACKSON, CHARLES
5565 BROWN ST.
GRACEVILLE, FL 32440

**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

Charles E. Jackson

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

(NOTE: Registered Agent signature required when re-registering)

8.6.07

DATE

Filing Fee is \$61.25
Due by September 14, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000771721
08/08/07-80005-005 61.25

10. OFFICERS AND DIRECTORS

TITLE PD
NAME JACKSON, CHARLES
STREET ADDRESS 5565 BROWN ST.
CITY-ST-ZIP GRACEVILLE, FL 32440

TITLE VD
NAME BLOUNT, STANLEY
STREET ADDRESS 5565 BROWN ST
CITY-ST-ZIP GRACEVILLE, FL 32440

TITLE STD
NAME PINA, CHRISTOPHER
STREET ADDRESS 5565 BROWN STREET
CITY-ST-ZIP GRACEVILLE, FL 32440

TITLE S
NAME POLSTON, LUCY
STREET ADDRESS 5565 BROWN STREET
CITY-ST-ZIP GRACEVILLE, FL 32440

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

Charles E. Jackson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8.6.07

Daytime Phone #