

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2008 8:00 am
Secretary of State

03-13-2008 90043 018 ****61.25

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**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01162008

Chg-NP

CR2E037 (12/06)

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

7. Name and Address of New Registered Agent

**JACKSON, CHARLES
5565 BROWN ST.
GRACEVILLE, FL 32440**

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

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

(NOTE: Registered Agent signature required when reinstating)

2-3-08

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

**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
**PD
JACKSON, CHARLES
5565 BROWN ST.
GRACEVILLE, FL 32440** ☐ Delete

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

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**Tom Horton
5565 Brown St
Graceville, FL 32440** ☐ Change ☒ Addition

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**Travis Williams
5565 Brown St.
Graceville FL 32440** ☐ Change ☒ Addition

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**Glenda Sloan
5565 Brown St.
Graceville FL 32440** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ 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 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

2-3-08

Date

850-209-3155

Daytime Phone #