

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Jul 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000003689 (4)**

1. Corporation Name

AMAZING GRACE MISSIONARY BAPTIST CHURCH, INC.

Principal Place of Business

Mailing Address

**512 N. ORANGE ST.
SEBRING FL 33870**

**512 N. ORANGE ST.
SEBRING FL 33870**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/01/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

P.O. BOX 4188

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

FL 33870

4. FEI Number

65-0716420

Applied For

Not Applicable

22 City & State

27 City & State

Sebring, Florida

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

24 Zip

Country

29 Zip

Country

33871

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THOMPSON, EARL
512 N. ORANGE ST.
SEBRING FL 33870**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETE
NAME **THOMPSON, EARL**
STREET ADDRESS **C/O 512 N. ORANGE ST.**
CITY-ST-ZIP **SEBRING FL 33870**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **ST** ☐ DELETE
NAME **DANIELS, MARIE**
STREET ADDRESS **C/O 512 N. ORANGE ST.**
CITY-ST-ZIP **SEBRING FL 33870**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **S** ☐ DELETE
NAME **JOHNSON, MARY**
STREET ADDRESS **C/O 512 N. ORANGE ST.**
CITY-ST-ZIP **SEBRING FL 33870**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **RIGGS, ROXENE**
STREET ADDRESS **C/O 512 N. ORANGE ST.**
CITY-ST-ZIP **SEBRING FL 33870**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **FOSTER, MARTHA**
STREET ADDRESS **C/O 512 N. ORANGE ST.**
CITY-ST-ZIP **SEBRING FL 33870**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **THOMPSON, DEBRA**
STREET ADDRESS **C/O 512 N. ORANGE ST.**
CITY-ST-ZIP **SEBRING FL 33870**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Marie Daniels* SIGNATURE REQUIRED

7-23-97

(941) 471-1046

CP2E037 (4/97)