


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 04 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N96000003689 (4) 1. Corporation Name AMAZING GRACE MISSIONARY BAPTIST CHURCH, INC.					
Principal Place of Business 512 N. ORANGE ST. SEBRING FL 33870			Mailing Address P.O BOX 4188 SEBRING FL 33871 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/01/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 65-0716420	
22 City & State		27 City & State		Applied For Not Applicable	
23 Zip		28 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24		25		29	
26		27		30	
9. Name and Address of Current Registered Agent THOMPSON, EARL 512 N. ORANGE ST. SEBRING FL 33870			10. Name and Address of New Registered Agent		
81 Name			82 Street Address (P.O. Box Number is Not Acceptable)		
83			84 City		
85 FL			86 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE P <input type="checkbox"/> DELETE			1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME THOMPSON, EARL			1.2 NAME		
STREET ADDRESS C/O 512 N. ORANGE ST.			1.3 STREET ADDRESS		
CITY-ST-ZIP SEBRING FL 33870			1.4 CITY-ST-ZIP		
TITLE ST <input type="checkbox"/> DELETE			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME DANIELS, MARIE			2.2 NAME		
STREET ADDRESS C/O 512 N. ORANGE ST.			2.3 STREET ADDRESS		
CITY-ST-ZIP SEBRING FL 33870			2.4 CITY-ST-ZIP		
TITLE S <input type="checkbox"/> DELETE			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME JOHNSON, MARY			3.2 NAME		
STREET ADDRESS C/O 512 N. ORANGE ST.			3.3 STREET ADDRESS		
CITY-ST-ZIP SEBRING FL 33870			3.4 CITY-ST-ZIP		
TITLE D <input type="checkbox"/> DELETE			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME RIGGS, ROXENE			4.2 NAME		
STREET ADDRESS C/O 512 N. ORANGE ST.			4.3 STREET ADDRESS		
CITY-ST-ZIP SEBRING FL 33870			4.4 CITY-ST-ZIP		
TITLE D <input type="checkbox"/> DELETE			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME FOSTER, MARTHA			5.2 NAME		
STREET ADDRESS C/O 512 N. ORANGE ST.			5.3 STREET ADDRESS		
CITY-ST-ZIP SEBRING FL 33870			5.4 CITY-ST-ZIP		
TITLE D <input type="checkbox"/> DELETE			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME THOMPSON, DEBRA			6.2 NAME		
STREET ADDRESS C/O 512 N. ORANGE ST.			6.3 STREET ADDRESS		
CITY-ST-ZIP SEBRING FL 33870			6.4 CITY-ST-ZIP		



CR2E037 (10/97)

14. 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 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: *Mary W. Thompson* REQUIRED 1-9-98 (964) 471-1046