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Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90018 048 ****70.00

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000003689

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

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

07/01/1996

4. FEI Number

65-0716420

☒ Applied For
☒ Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be Added to Fees

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 **Freeman, Jr., Alphonzar**
82 Street Address (P.O. Box Number is Not Acceptable)
512 N. Orange Street
83
84 City **Sebring,** **FL** 85 Zip Code **33870**

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

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

Alphonzar Freeman, Jr.
(NOTE) Registered Agent signature required when reinstating

1-26-99
DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	THOMPSON, EARL	
STREET ADDRESS	C/O 512 N. ORANGE ST.	
CITY-ST-ZIP	SEBRING FL 33870	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	DANIELS, MARIE	
STREET ADDRESS	C/O 512 N. ORANGE ST.	
CITY-ST-ZIP	SEBRING FL 33870	
TITLE	S	<input type="checkbox"/> DELETE
NAME	JOHNSON, MARY	
STREET ADDRESS	C/O 512 N. ORANGE ST.	
CITY-ST-ZIP	SEBRING FL 33870	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RIGGS, ROXENE	
STREET ADDRESS	C/O 512 N. ORANGE ST.	
CITY-ST-ZIP	SEBRING FL 33870	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FOSTER, MARTHA	
STREET ADDRESS	C/O 512 N. ORANGE ST.	
CITY-ST-ZIP	SEBRING FL 33870	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	THOMPSON, DEBRA	
STREET ADDRESS	C/O 512 N. ORANGE ST.	
CITY-ST-ZIP	SEBRING FL 33870	

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Freeman, Jr., Alphonzar	
1.3 STREET ADDRESS	c/o 512 N. Orange St.	
1.4 CITY-ST-ZIP	Sebring, FL 33870	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Williams, Henry Carl	
6.3 STREET ADDRESS	c/o 512 N. Orange St.	
6.4 CITY-ST-ZIP	Sebring, FL 33870	

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, with all other like empowered.

SIGNATURE:

M. Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-26-99 **941 471-1046**

CR2E037 (11/98)