

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90105 003 ****61.25

DOCUMENT # N98000001941

1. Entity Name

GRACE TABERNACLE MINISTRIES INTERNATIONAL, INC.



Principal Place of Business

Mailing Address

**22 FERNHOM LN.
PALM COAST FL 32137**

**PO BOX 354528
PALM COAST FL 32135-4528**



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

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-3506545

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

**SILANO, CHARLES
22 FERNBAUM LN.
PALM COAST FL 32137**

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

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

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

TITLE PCT ☐ Delete
NAME SILANO, CHARLES
STREET ADDRESS 22 FERNBAUM LN.
CITY - ST - ZIP PALM COAST FL 32137

TITLE S ☐ Delete
NAME SILANO, COLLEEN
STREET ADDRESS 13 FERNHAM LN
CITY - ST - ZIP PALM COAST FL 32137

TITLE D ☐ Delete
NAME TOMPKINS, CHARLES
STREET ADDRESS 59 BLAIR DR
CITY - ST - ZIP PALM COAST FL 32137

TITLE D ☐ Delete
NAME KNIGHT, CLAYTON
STREET ADDRESS 2 B WHEEL COURT
CITY - ST - ZIP PALM COAST FL 32164

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Change ☒ Addition
NAME *William Reed*
STREET ADDRESS *9 Blackfoot ct.*
CITY - ST - ZIP *palm coast, FL 32164*

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 Silano, Charles Silano
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-07
Date

386-446-1803
Daytime Phone #