

**2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 706320

**Entity Name:** GRACEWAY CHURCH OF PLANT CITY, INC**Current Principal Place of Business:**3106 S. WIGGINS RD.  
PLANT CITY, FL 33566**Current Mailing Address:**3106 S. WIGGINS RD.  
PLANT CITY, FL 33566 US**FEI Number: 59-0970776****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**HOWARD, SHERYL  
3106 S. WIGGINS RD.  
PLANT CITY, FL 33566 US*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.***SIGNATURE:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title            PRESIDENT / DIRECTOR  
Name            HOWARD, DEWAYNE  
Address        3106 S. WIGGINS RD.  
City-State-Zip: PLANT CITY FL 33566

Title            DIRECTOR  
Name            ARMISTEAD, BRADY  
Address        3106 S WIGGINS RD  
City-State-Zip: PLANT CITY FL 33566

Title            DIRECTOR  
Name            ROWELL, DON  
Address        3106 S. WIGGINS RD.  
City-State-Zip: PLANT CITY FL 33566

Title            SECRETARY / DIRECTOR /  
TREASURER  
Name            HOWARD, SHERYL  
Address        3106 S. WIGGINS RD.  
City-State-Zip: PLANT CITY FL 33566

Title            DIRECTOR  
Name            REITH, MARIJEAN  
Address        3106 S. WIGGINS RD.  
City-State-Zip: PLANT CITY FL 33566

Title            DIRECTOR  
Name            TAYLOR, ROBERT  
Address        3106 S. WIGGINS RD.  
City-State-Zip: PLANT CITY FL 33566

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: SHERYL HOWARD****SECRETARY****02/13/2025**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date