

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001935

Entity Name: GRACE TABERNACLE OF WORSHIP, INC.**Current Principal Place of Business:**7279 WARM SPRINGS AVE.
WILDWOOD, FL 34785**Current Mailing Address:**P O BOX 1088
WILDWOOD, FL 34785 US**FEI Number:** 06-1683033**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**MOORHEAD, JON S
907 WEBSTER STREET
LEESBURG, FL 34748 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:** JON S MOORHEAD

03/13/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT, DIRECTOR
Name WASHBURN, GARY
Address 1204 MANDARIN LANE
City-State-Zip: FRUITLAND PARK FL 34731

Title SECRETARY, DIRECTOR
Name ABREU, RENE
Address 1886 WALDEN WAY
City-State-Zip: THE VILLAGES FL 32162

Title VP, DIRECTOR
Name MOORHEAD, JON
Address 3355 INKWOOD LANE
City-State-Zip: THE VILLAGES FL 32163

Title TREASURER, DIRECTOR
Name HORINE, BRENDA
Address 2411 DOOLEY STREET
City-State-Zip: THE VILLAGES FL 32163

Title DIRECTOR
Name FRAZIER, ANTHONY
Address 10101 ROCKDALE
City-State-Zip: LEESBURG FL 34788

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: BRENDA HORINE**TREASURER**

03/13/2023

Electronic Signature of Signing Officer/Director Detail

Date