

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14759

**Entity Name:** GRACE APOSTOLIC TEMPLE, INC.**Current Principal Place of Business:**1712 SOUTH WEST ROAD  
SANFORD, FL 32771**Current Mailing Address:**P.O. BOX 2058  
SANFORD, FL 32771**FEI Number:** 59-2737322**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BENNETT, MAURICE D. SR.  
114 MCKAY BLVD  
SANFORD, FL 32771 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 P  
Name BENNETT, MAURICE D. SR.  
Address 114 MCKAY BLVD.  
City-State-Zip: SANFORD FL 32771

Title SD  
Name BENNETT, CYNTHIA E.  
Address 114 MCKAY BLVD  
City-State-Zip: SANFORD FL 32771

Title TD  
Name MCMILLER, CLARENCE  
Address 3000 FIFER DRIVE  
City-State-Zip: DELTONA FL 32738

Title D  
Name BENNETT, MAURICE D. JR.  
Address 6200 RONARLD REGAN  
City-State-Zip: SANFORD FL 32771

Title D  
Name TYER, THELMA  
Address 142 SCOTT DRIVE  
City-State-Zip: SANFORD FL 32771

Title D  
Name PETERSON, VICTOR B. SR.  
Address 2622 GEORGIA AVE  
City-State-Zip: SANFORD FL 32773

Title D.  
Name WATKINS, LATONYA  
Address 2617 HARTWELL AVE  
City-State-Zip: SANFORD FL 32771

*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: MAURICE D. BENNETT SR.****PRESIDENT****03/18/2020**

Electronic Signature of Signing Officer/Director Detail

Date