


**2007, NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 05, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # N05000002969	
1. Entity Name TABERNAACLE GRACE BAPTIST CHURCH INC.	

Principal Place of Business 723 WEST PEACHTREE LAKELAND, FL 33801	Mailing Address 723 WEST PEACHTREE LAKELAND, FL 33801
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04042007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 74-3168281	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

LUCKETT, JAMES  
930 N. IOWA ST #2  
LAKELAND, FL 33801

**DO NOT WRITE  
IN THIS SPACE**

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  JAMES Lockett 4/17/07  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C LUCKETT, RICHARD E 3632 PARTRIDGE PATH #1 ANN ARBOR, MI 48108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICH, JEANENE 1219 ROBERT KING HIGH DR LAKELAND, FL 33805
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LUCKETT, JAMES 930 N. IOWA ST #2 LAKELAND, FL 33801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GAINER, SANDRA D 2209 CHESTNUT HILLS DR LAKELAND, FL 33805
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T AMOS, JOSEPH L 3632 PARTRIDGE PATH #1 ANN ARBOR, MI 48108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000692201  
04/13/07-80042-006 70.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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  JAMES Lockett 4/17/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #