2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749907

FILED Apr 27, 2007 Secretary of State

Entity Name: GRACE FELLOWSHIP OF BREVARD INC.

urrent P	rincipal Place	of Business:	New Principal Place	e of Business:
	RELL ROAD DGE, FL 32955			
Current Mailing Address:		New Mailing Address:		
	RELL ROAD OGE, FL 32955		3505 MURRELL ROA ROCKLEDGE, FL 32	
El Number:	: 59-2470805	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
ame and	l Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:
	DAVID SAN LANE DGE, FL 32955	US		
	,		purpose of changing its registere	ed office or registered agent, or bo
the State	named entity s e of Florida.		ourpose of changing its registere	ed office or registered agent, or bo
the State	named entity s e of Florida. RE:			ed office or registered agent, or bo Date
the State	named entity s e of Florida. RE:	submits this statement for the library is sta	ent	
the State IGNATUR FFICER: tle: ame: ddress:	e named entity see of Florida. RE: Electron S AND DIRECT	submits this statement for the signature of Registered Ag TORS: Delete HOMAS R AKE WAY	ent	Date
the State	e named entity see of Florida. RE: Electron S AND DIRECT S () BLOMSTER, TH 1071 EGRET LA VIERA, FL 3294	ic Signature of Registered Ag TORS: Delete HOMAS R AKE WAY 40 Delete N HAWK RD	ent ADDITIONS/CHANG Title: Name: Address:	Date SES TO OFFICERS AND DIRECT
FFICERS cle: dress: dress: dress: dress: dress: dress: dress:	e named entity see of Florida. RE: Electron S AND DIRECT S () BLOMSTER, TH 1071 EGRET L/ VIERA, FL 3294 D () MANSUR, JOHN 4195 SPARROW MELBOURNE, F	ic Signature of Registered Ag TORS: Delete HOMAS R AKE WAY 40 Delete N HAWK RD FL Delete DRIVE	ent ADDITIONS/CHANG Title: Name: Address: City-St-Zip: Title: Name: Address:	Date GES TO OFFICERS AND DIREC* () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: THOMAS R. BLOMSTER S 04/27/2007