


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 27, 2007 8:00 am**  
**Secretary of State**

02-27-2007 90006 005 \*\*\*\*61.25

|  |   |
|--|---|
| <b>DOCUMENT # 752058</b><br>1. Entity Name<br><b>GRACE BIBLE CHURCH OF HOMOSASSA SPRINGS, INC.</b> |  |
|--|---|

|   |   |
|---|---|
| Principal Place of Business<br><b>6382 WEST GREEN ACRES STREET<br/>HOMOSASSA FL 34446</b> | Mailing Address<br><b>P.O. BOX 1067<br/>HOMOSASSA SPRINGS FL 34447-1067</b> |
|---|---|



|  |                     |
|--|---------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address  |
| Suite, Apt. #, etc.                            | Suite, Apt. #, etc. |
| City & State                                   | City & State        |
| Zip  | Country             |

1st MOORE CR2E037 (10/06)

|   |   |
|---|---|
| 4. FEI Number<br><b>59-1996100</b>  | Applied For<br><input type="checkbox"/> Not Applicable  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                             |   |
| 6. Name and Address of Current Registered Agent<br><br><b>KAREIS, WENCE<br/>98 W. BYRSONIMA LOOP<br/>HOMOSASSA FL 34446</b> | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City <span style="float: right;"><b>FL</b> Zip Code</span> |

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

|  |   |  |
|--|---|--|
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2007</b> | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> | <b>Make Check Payable to<br/>Florida Department of State</b> |
|--|---|--|

| 10. OFFICERS AND DIRECTORS |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |  |
|----------------------------|---------------------------------|---|--|
| TITLE                      | CD<br>WALKER, JEFF              | TITLE   | P<br>Pastor Ray HERRINAN   |
| NAME                       | 4462 S SKYLARK TERR             | NAME  | 4760 S. Chickadee AVE.   |
| STREET ADDRESS             | HOMOSASSA FL 34446              | STREET ADDRESS  | KECANITO, FL. 34461  |
| CITY - ST - ZIP            | <input type="checkbox"/> Delete | CITY - ST - ZIP                                       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE                      | D<br>MAUGHAN, NELSON            | TITLE   | D<br>MR. ALLAN DURDEN  |
| NAME                       | 44 CYPRESS BLVD                 | NAME  | 8080 W. COCONUT PALM DR.   |
| STREET ADDRESS             | HOMOSASSA FL 34446              | STREET ADDRESS  | HOMOSASSA, FL. 34448   |
| CITY - ST - ZIP            | <input type="checkbox"/> Delete | CITY - ST - ZIP                                       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE                      | D<br>SANDERS, JIM               | TITLE   |  |
| NAME                       | 137 DOUGLAS ST                  | NAME  |  |
| STREET ADDRESS             | HOMOSASSA FL 34446              | STREET ADDRESS  |  |
| CITY - ST - ZIP            | <input type="checkbox"/> Delete | CITY - ST - ZIP                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE                      | T<br>KAREIS, WENCE              | TITLE   |  |
| NAME                       | 98 W. BYRSONIMA LOOP            | NAME  |  |
| STREET ADDRESS             | HOMOSASSA FL 34446              | STREET ADDRESS  |  |
| CITY - ST - ZIP            | <input type="checkbox"/> Delete | CITY - ST - ZIP                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE                      | D<br>COCKING, JACK              | TITLE   |  |
| NAME                       | PO BOX 448                      | NAME  |  |
| STREET ADDRESS             | HOMOSASSA FL 34446              | STREET ADDRESS  |  |
| CITY - ST - ZIP            | <input type="checkbox"/> Delete | CITY - ST - ZIP                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE                      | VCD<br>BUSH, LEONARD L JR       | TITLE   |  |
| NAME                       | 17 VINCA ST                     | NAME  |  |
| STREET ADDRESS             | HOMOSASSA FL 34446              | STREET ADDRESS  |  |
| CITY - ST - ZIP            | <input type="checkbox"/> Delete | CITY - ST - ZIP                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Wence S. Kareis WENCE S. KAREIS 2/27/07 352 628-5631