2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

Jun 14, 2004 8:00 am **Secretary of State** DOCUMENT: # N01000007386 06-14-2004 90003 004 ****61.25 GRACE PRESBYTERIAN CHURCH OF PALM COAST. FLORIDA, INC. Principal Place of Business Mailing Address 9 COLOMBUS COURT POST OFFICE BOX 351927 54057347 PALM COAST, FL 32137 PALM COAST, FL 32135-1927 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 06102004 Chg-NP CR2E037 (10/03) 4. FEI Number 59-3752198 City & State Applied For City & State Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name --CHIUMENTO, MICHAEL D Street Address (P.O. Box Number is Not Acceptable) 4B OLD KINGS ROAD NORTH PALM COAST, FL 32137 Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State Due by September 8, 2004 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Delete TITLE Change Addition TITLE GUTHRIE, FRED F DR. NAME NAME STREET ADDRESS 9 COLUMBUS CT STREET ADDRESS CITY-ST-ZIP PALM COAST, FL 32137 CITY-ST-ZIP DOVID FLEISCHER Addition DVP Delete Change TITLE TITLE ROBINSON, DON NAME NAME 57 WEBER LANE STREET ADDRESS 3 WATERFORD PLACE STREET ADDRESS PAIM COAST, FL 32164 CITY-ST-ZIP PALM COAST, FL 32137 CITY-ST-ZIP TITLE Delete TITLE ☐ Change **L**Hoution JACK SCOTT 47 Preasant DR PALM COAST, FL NAME FRENCH BRUCE NAME **82 COMANCHE CT** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM COAST, FL 32137 CITY-ST-ZIP Change TITLE □ Delete TITLE ☐ Addition HERBERT G. MCGIBGENY 80 LAKE FOREST PL MC GIBBENY, HERB NAME NAME STREET ADDRESS 80 LAKE FOREST PLACE STREET ADDRESS CITY-ST-ZIP PALM COAST, FL 32137 CITY-ST-ZIP PAHM COAST. FL. TITLE Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TILE ☐ Delete

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: .

NAME STREET ADDRESS

CITY-ST-ZIP

386.446-4765

Daytime Phone #

FILED