

# 2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

2007 OCT 10 AM 9:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



<b>DOCUMENT # N01000007386</b> 1. Entity Name <b>GRACE PRESBYTERIAN CHURCH OF PALM COAST, FLORIDA, INC.</b>					
Principal Place of Business <b>71 BRIARVUE LN PALM COAST, FL 32137</b>			Mailing Address <b>POST OFFICE BOX 351927 PALM COAST, FL 32135-1927</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-3752198</b>	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MURRAY, JOHN F 21 OLD KINGS ROAD N. STE. B 110 PALM COAST, FL 32137</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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>Amended AR is \$61.25</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 Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE	DP	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MCGIBBENY, HERBERT G</b>		NAME	<b>MCGIBBENY HERBERT G</b>	
STREET ADDRESS	<b>80 LAKE FOREST PLACE</b>		STREET ADDRESS	<b>80 LAKE FOREST PLACE</b>	
CITY-ST-ZIP	<b>PALM COAST, FL 32137</b>		CITY-ST-ZIP	<b>PALM COAST, FL 32137</b>	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>SCOTT, JACK</b>		NAME	<b>CHUCK HAZLETT</b>	
STREET ADDRESS	<b>47 PHEASANT DR</b>		STREET ADDRESS	<b>13 CLEAR COURT</b>	
CITY-ST-ZIP	<b>PALM COAST, FL 32164</b>		CITY-ST-ZIP	<b>PALM COAST, FL 32137</b>	
TITLE	DV	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>GILBERTSON, RICHARD L</b>		NAME	<b>DS GEORGE IPOLYI</b>	
STREET ADDRESS	<b>71 BRIARVUE LANE</b>		STREET ADDRESS	<b>6 MONTAUK COURT</b>	
CITY-ST-ZIP	<b>PALM COAST, FL 32137</b>		CITY-ST-ZIP	<b>PALM COAST, FL 32137</b>	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	<b>DP MARK S. PEARSON, REV</b>	
STREET ADDRESS			STREET ADDRESS	<b>34 WENDY LANE</b>	
CITY-ST-ZIP			CITY-ST-ZIP	<b>PALM COAST, FL 32164</b>	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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.					
<b>SIGNATURE:</b>			<b>10-3-07</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
			<b>396-986-3381</b>		
			Daytime Phone #		