


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90093 050 ****61.25

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1. Entity Name
GRACE FELLOWSHIP CHURCH OF ENGLEWOOD, INC.



50022501



Principal Place of Business
**5333 ULYSSES ST.
 PORT CHARLOTTE, FL 33981**

Mailing Address
**5333 ULYSSES ST.
 PORT CHARLOTTE, FL 33981**

2. Principal Place of Business
10073 EDMONTON AVE

Suite, Apt. #, etc.

3. Mailing Address
P.O. BOX 5284

Suite, Apt. #, etc.

City & State
ENGLEWOOD, FL

City & State
ENGLEWOOD, FL

Zip
34224

Country
USA

Zip
34224

Country
USA

02212005 Chg-NP CR2E037 (10/03)

4. FEI Number
20-1276616

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent
**WILLIAMS, BYRON
 5333 ULYSSES ST.
 PORT CHARLOTTE, FL 33981**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent
 Name
MARK W. FUSS
 Street Address (P.O. Box Number is Not Acceptable)
10073 EDMONTON AVE
 City
ENGLEWOOD **FL** Zip Code
34224

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 Mark W. Fuss **MARK W. FUSS, PRESIDENT** **2/28/2005**
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, 2005

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P REIGLE, DAVID 3 ANNAPOLIS LANE ROTONDA, FL 33947	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FRANCE, EARL 7363 SEAMIST DR. PORT CHARLOTTE, FL 33981	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WILLIAMS, MILDRED 5333 ULYSSES ST. PORT CHARLOTTE, FL 33981	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARK FUSS 10073 EDMONTON AVE. ENGLEWOOD, FL 34224	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MATTHEW PHILLIPS 600 LAGUNA DRIVE VENICE, FL 34285	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST JULIA REIGLE 3 ANNAPOLIS LANE ROTONDA, FL 33947	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS 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 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.

SIGNATURE: Mark W. Fuss **2/28/2005** **941-473-8464**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #