

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004652

FILED  
Apr 29, 2008  
Secretary of State

Entity Name: GRACE FAMILY CHURCH OF JACKSONVILLE, INC.

**Current Principal Place of Business:**

12238 GEHRIG DRIVE  
JACKSONVILLE, FL 32224

**New Principal Place of Business:**

**Current Mailing Address:**

12238 GEHRIG DRIVE  
JACKSONVILLE, FL 32224

**New Mailing Address:**

FEI Number: 20-2594291      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SPRINGS, TIM  
12238 GEHRIG DRIVE  
JACKSONVILLE, FL 32224      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SPRINGS, TIM  
Address: 12238 GEHRIG DRIVE  
City-St-Zip: JACKSONVILLE, FL 32224

Title: SD ( ) Delete  
Name: SPRINGS, RANDY  
Address: 8820 HAMPTON LANDING DRIVE E  
City-St-Zip: JACKSONVILLE, FL 32256

Title: TD ( ) Delete  
Name: MOORE, ERIC  
Address: 3512 N ORCHARD STREET  
City-St-Zip: TACOMA, WA 98407

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SD (X) Change ( ) Addition  
Name: SPRINGS, RANDY  
Address: 14200 69TH AVE SE, UNIT M5  
City-St-Zip: SNOHOMISH, WA 98296

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: RANDY SPRINGS

SD

04/29/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date