2005 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

May 02, 2005 8:00 am Secretary of State **DOCUMENT # N93000003810** 05-02-2005 90509 023 ****70.00 GREATER GRACE CHRISTIAN FELLOWSHIP, INC. Principal Place of Business Mailing Address 4172 PINE HOLLOW CIR P.O. BOX 540993 LAKE WORTH, FL 33454-0993 US LAKE WORTH, FL 33463 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04292005 Chg-NP CR2E037 (10/03) City & State City & State 4. FEI Number Applied For 65-0444993 Not Applicable Zip Country Ζp Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DANIEL, FOSTER Street Address (P.O. Box Number is Not Acceptable) 4172 PINE HOLLOW CIRCLE LAKE WORTH, FL 33463 Zip Code City 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) DATE 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2005 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11 ΠħF TITLE ☐ Delete ☐ Change ☐ Addition FOSTER, DANIEL NAME NAME 4172 PINE HOLLOW CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-7IP GREENACRES, FL 33463 CITY-ST-ZIP DIRECTOR TITLE Delete TITLE **Addition** ☐ Change LAWRENCE ALBURTO KELLEY, TIMOTHY 834 PEPPERTREE COURT STREET ADDRESS 7400 62ND TERR N STREET ADDRESS CITY-ST-ZIP PINELLAS PARK, FL 33781 WELLINGTON, FL 33414 CITY-ST-ZIP VD Delete ☐ Change TITLE Addition LAVOIE, HANK NAME NAME STREET ADDRESS 5922 WICHITA DR. STREET ADDRESS CITY-ST-7IP LAKE WORTH, FL 33463 CITY-ST-ZIP TITLE ST ☐ Delete TITLE ☐ Chance ☐ Addition WALKER, ANGINA D NAME NAME STREET ADDRESS 38 ANDROS RD. STREET ADORESS CITY-ST-ZIP PALM SPRINGS, FL 33461 CITY-ST-ZIP DIRFCTOR Delete TITLE ΠΠF ☐ Chance Addition IRA GARUNGHOUSE BALDWIN, MOSES NAME NAME 804 BAMBOO LANE 7400 62ND TERR. N STREET ADDRESS STREET ADDRESS PINELLAS PARK, FL 33781 CITY-ST-ZIP CITY-ST-ZIP FL 33483 TITLE ☐ Delete TITLE ☐ Change ☐ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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 of trustee emplowered 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:

uck SNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

ANGINA WALKER 4/28/05

FILED