2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State
05-01-2006 90398 010 ****70.00

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1. Entity Name
GREATER GRACE CHRISTIAN FELLOWSHIP, INC.

Principal Place of Business	Mailing Address
~~4172 PINE HOLLOW CIR~~ ~~LAKE WORTH, FL 33463~~ US	P.O. BOX 540993 LAKE WORTH, FL 33454-0993 US

04212006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
116 SWAIN BLvd Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: GREENACRES, FL	City & State
Zip: 33463 Country: USA	Zip Country

4. FEI Number: 65-0444993 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DANIEL, FOSTER ~~4172 PINE HOLLOW CIRCLE~~ ~~LAKE WORTH, FL 33463~~	Name Street Address (P.O. Box Number is Not Acceptable): 116 SWAIN BLvd City: GREENACRES FL Zip Code: 33463

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: DANIEL FOSTER 4/24/06
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, 2006

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD FOSTER, DANIEL ~~4172 PINE HOLLOW CIRCLE~~ GREENACRES, FL 33463	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 116 SWAIN BLVD.
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ~~ALBURTO~~, LAWRENCE 834 PEPPERTREE COURT WELLINGTON, FL 33414	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition ALBERTO, LAWRENCE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD LAVOIE, HANK 5922 WICHITA DR. LAKE WORTH, FL 33463	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST WALKER, ANGINA D 38 ANDROS RD. PALM SPRINGS, FL 33461	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GARLINGHOUSE, IRA ~~804 BAMBOO LANE~~ ~~DELRAY BEACH, FL 33483~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 2112 S.W. 22ND STREET BOYNTON BEACH, FL 33426
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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.

SIGNATURE: [signature] ANGINA WALKER 4/24/06 (561) 601-1584
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #