


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2004 8:00 am
Secretary of State

03-19-2004 90063 019 ****61.25

DOCUMENT # N96000004467	
1. Entity Name SOVEREIGN GRACE CHURCH, INC.	

Principal Place of Business 6750 SO. WASHINGTON SUITE 1 TITUSVILLE, FL 32780 US	Mailing Address 6750 SO. WASHINGTON SUITE 1 TITUSVILLE, FL 32780 US
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DO NOT WRITE IN THIS SPACE



01052004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3408005	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**MERWIN, TIM
6750 SO. WASHINGTON
SUITE 1
TITUSVILLE, FL 32780**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP MERWIN, TIM 3663 FRAZIER COURT TITUSVILLE, FL 32780
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JONES, DANIEL D 4145 TALL TREE DR ORLANDO, FL 32810
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BROOKS, WAYNE 112 RUSSELL ST 127 Varsity Circle ALTAMONTE SPRINGS, FL 32701 32714
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:  **March 1, 2004** 321/267-0904

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #