2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2005 8:00 am
Secretary of State
07-07-2005 90003 014 ****61.25

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1. Entity Name
GRACE TABERNACLE CHURCH AND MINISTRIES OF FORT WALTON BEACH, INC.

Principal Place of Business	Mailing Address
218 EGLIN PARKWAY NE FORT WALTON BEACH, FL 32547 US	218 EGLIN PKWAY NE FORT WALTON BEACH, FL 32547 US

19018187

01052005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
59-3412131
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

~~TOWNSEND, JOHN P~~ MALHEIRO DAVID M
~~142 EGLIN PARKWAY SE~~ 325 SUDDUTH Circle
~~FORT WALTON BEACH, FL 32548~~ FORT WALTON Bch FL 32547

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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 DR DAVID MALHEIRO DAVID MALHEIRO MAY 07/05
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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MALHEIRO, DAVID
STREET ADDRESS	325 SUDDUTH CIRCLE
CITY-ST-ZIP	FORT WALTON BEACH, FL 32548
TITLE	STD
NAME	PATRICK, LARRY B
STREET ADDRESS	221 YACHT CLUB DRIVE
CITY-ST-ZIP	FORT WALTON BEACH, FL 32548
TITLE	D
NAME	PARKER, JAMES A
STREET ADDRESS	P.O. BOX 888
CITY-ST-ZIP	MARY ESTHER, FL 32569
TITLE	D
NAME	HOWELL, STAATS
STREET ADDRESS	640 NE POWELL DRIVE
CITY-ST-ZIP	FORT WALTON BEACH, FL 32547
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 any address, with all other like empowered.

SIGNATURE: DAVID MALHEIRO DAVID MALHEIRO January 05/05 850/314-0700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #