2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000477

FILED Apr 15, 2005 Secretary of State

Entity Na					
	me: GRACE IN	ITERNATIONAL CHURCH, I	NC.		
Current P	Principal Place	of Business:	New Principal Place	of Business:	
	IONA BLVD				
JACKSON	IVILLE, FL 3220	05 US			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
P.O. BOX	77208				
	IVILLE, FL 322	18			
FEI Number	: 59-3406269	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
JACKSON The above	DIA ESTATES DINITED IN 1992 e named entity see of Florida.	18 US	purpose of changing its registere	d office or registered agent, or both,	
SIGNATU				<i>5 5</i> , , ,	
	RE:				
		c Signature of Registered Ag	ent	Date	
	Electroni S AND DIRECT	ORS: Delete J JR STATES DRIVE		Date	
OFFICER Title: Name: Address:	Electroni S AND DIRECT PD () FIELDS, LOUIS 10905 LYDIA ES JACKSONVILLE VD () FIELDS, LISA L	CORS: Delete J JR STATES DRIVE , FL 32218 Delete	ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTORS:	
OFFICER Title: Name: Address: City-St-Zip: Title: Name:	Electroni S AND DIRECT PD () FIELDS, LOUIS 10905 LYDIA ES JACKSONVILLE VD ()	CORS: Delete J JR STATES DRIVE , FL 32218 Delete STATES DRIVE	ADDITIONS/CHANG Title: Name: Address: City-St-Zip: Title: Name:	Date ES TO OFFICERS AND DIRECTORS: () Change () Addition	
OFFICER Title: Name: Address: City-St-Zip: Title: Name: Address:	Electroni S AND DIRECT PD () FIELDS, LOUIS 10905 LYDIA ES JACKSONVILLE VD () FIELDS, LISA L 10905 LYDIA ES JACKSONVILLE	Delete J JR STATES DRIVE , FL 32218 Delete STATES DRIVE , FL 32218 Delete RA RD	ADDITIONS/CHANG Title: Name: Address: City-St-Zip: Title: Name: Address:	Date ES TO OFFICERS AND DIRECTORS: () Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LOUIS J. FIELDS, JR. PD 04/15/2005