2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003248

FILED Jan 09, 2006 Secretary of State

Entity Name: GRACE BIBLE FELLOWSHIP OF CITRUS COUNTY, INC.

Current Principal Place of Business:			New Prince	New Principal Place of Business:		
4979 E AR INVERNES	RBOR ST. SS, FL 34452					
Current Mailing Address:			New Maili	New Mailing Address:		
PO BOX 1 HERNANI	323 DO, FL 34442					
FEI Number	: 59-3574892	FEI Number Applied For()	FEI Number Not App	licable () Certificate of Status Desired ()		
Name and	d Address of C	Current Registered Agent:	Name and	Address of New Registered Agent:		
	DWIN R NDICOTT PT. . RIVER, FL 34	1429 US				
	e named entity : e of Florida.	submits this statement for the p	ourpose of changing i	ts registered office or registered agent, or both,		
SIGNATUI	RE:					
Electronic Signature of Registered Agent			ent	Date		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR		
Title: Name: Address: City-St-Zip:	D () JONES, EDWIN 1553 N. ENDIC CRYSTAL RIVE	OTT PT.	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	VD () ROWSEY, CUF 2500 S CARNE INVERNESS, F	GIE DR	Title: Name: Address: City-St-Zip:	D (X) Change () Addition BARNDS, ROBERT 2339 RENTON LN. SPRING HILL, FL 34453		
Title: Name: Address: City-St-Zip:	SD () DYER, MERRIT 2971 E DAWSO INVERNESS, F	ON DRIVE	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	TD () FRUM, MERLIN 3017 E FOX CT INVERNESS, F	Γ	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	D () BURNHAM, TOI 3988 E. BYRD INVERNESS, F	ST.	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	CD () HILE, ALLEN 8279 N. GIGNA HERNANDO, FI		Title: Name: Address: City-St-Zip:	CD (X) Change () Addition GARZA, WILLIAM 6033 E. LORING LANE INVERNESS, FL 34452		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: EDWIN R. JONES D 01/09/2006