

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 16, 2004 08:00 AM
Secretary of State

DOCUMENT # N02647 1. Entity Name GULFVIEW GRACE BRETHERN CHURCH, INC.		
Principal Place of Business % JAMES L. POYNER 6639 HAMMOCK ROAD, WEST PORT RICHEY, FL 34668	Mailing Address % JAMES L. POYNER 6639 HAMMOCK ROAD, WEST PORT RICHEY, FL 34668	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent POYNER, JAMES L. 6639 HAMMOCK ROAD, WEST PORT RICHEY, FL 34668		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 reappointing) _____ DATE _____		
Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD POYNER, REV. JAMES L. 10934 PEPPERTREE LANE PORT RICHEY, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MILLER, LOGAN J. 7629 CESSNA DR. NEW PORT RICHEY, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SHANE, EVELYN 6735 HAMMOCK RD. LOT 28 PORT RICHEY, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GIBBS, RUTH 11124 PINE TREE LANE PORT RICHEY, FL 34668	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 I am empowered.		
SIGNATURE: <u>James L. Poyner</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Jan 13, 2004 727-862-7777 Date Daytime Phone #