

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2006 08:00 AM
Secretary of State

DOCUMENT # N04000011452	
1. Entity Name FIRST GRACE CHURCH, INC.	

Principal Place of Business 4180 NW 10TH AVE OAKLAND PARK FL 33309	Mailing Address 4180 NW 10TH AVE OAKLAND PARK FL 33309
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/05)

4. FEI Number 33-1106589 ☐ Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SCHARF, RANDOLPH W
7460 PLANTATION ROAD
PLANTATION FL 33317

7. Name and Address of New Registered Agent

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
City _____ FL Zip Code _____

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 _____
Signature: Typed or printed name of registered agent and title of organization (NOTE: Registered Agent signature required when registering) **DATE** _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS

TITLE	P ☐ Delete
NAME	CANEEL, GLEN J
STREET ADDRESS	6231 24 AV N
CITY-ST-ZIP	SAINT PETERSBURG FL 33710
TITLE	V ☐ Delete
NAME	SCHARF, RANDOLPH W
STREET ADDRESS	7460 PLANTATION RD
CITY-ST-ZIP	PLANTATION FL 33317
TITLE	S ☐ Delete
NAME	CANEEL, SANDRA J
STREET ADDRESS	6231 24 AVE N
CITY-ST-ZIP	SAINT PETERSBURG FL 33710
TITLE	T ☐ Delete
NAME	SCHARF, DEBRA J
STREET ADDRESS	7460 PLANTATION RD
CITY-ST-ZIP	PLANTATION FL 33317
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	☐ Change ☐ Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/18/06 00039-009 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *John J. Schuch* Treasurer

3/6/06