

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90030 008 ****61.25



DOCUMENT # N01000005343
 1. Entity Name
GRACE COMMUNITY CHURCH OF WEST HERNANDO, INC.

Principal Place of Business Mailing Address
2250 OSOWAW BLVD. PO BOX 3187
HERMANDO BEACH FL 34607 SPRING HILL FL 34611



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

1st MOORE CR2E037 (10/07)
 4. FEI Number **36-4498180** Applied For
 No: Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
CHICHESTER, ELIZABETH
13127 SPRING HILL DR
SPRING HILL FL 34609

7. Name and Address of New Registered Agent
 Name **Eugene Whitenight (D)**
 Street Address (P.O. Box Number is Not Acceptable)
1463 Overland Dr.
 City **Spring Hill** FL Zip Code **34608**

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 **Eugene Whitenight** *Eugene Whitenight* **3/31/08**
Signature, typed or printed name (typed name required when applicable) (NOTE: Registered Agent signature required when resigning) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	DRA	<input checked="" type="checkbox"/> Delete
NAME	CHICHESTER, ELIZABETH	
STREET ADDRESS	3201 SPANISH BAYONET DR	
CITY-STATE-ZIP	HERANDO BEACH FL 34607	
TITLE	D	<input type="checkbox"/> Delete
NAME	WHITENIGHT, EUGENE	
STREET ADDRESS	1463 OVERLAND DR	
CITY-STATE-ZIP	SPRING HILL FL 34608	
TITLE	CD	<input type="checkbox"/> Delete
NAME	RUPE, DOROTHY	
STREET ADDRESS	18504 WATER LILY LANE	
CITY-STATE-ZIP	HUDSON FL 34667	
TITLE	DT	<input type="checkbox"/> Delete
NAME	JACKSON, JULIA	
STREET ADDRESS	5104 CARNATION CT.	
CITY-STATE-ZIP	WEEKI WACHEE FL 34607	
TITLE	D	<input type="checkbox"/> Delete
NAME	BERGET, WANDA	
STREET ADDRESS	12243 PITCARIN ST.	
CITY-STATE-ZIP	BROOKSVILLE FL 34613	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

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: *Julia A. Jackson* **Julia A. Jackson, Treasurer 3/31/08**