

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749907

Entity Name: GRACE FELLOWSHIP OF BREVARD, INC.**Current Principal Place of Business:**3420 MURRELL ROAD
ROCKLEDGE, FL 32955**Current Mailing Address:**3420 MURRELL ROAD
ROCKLEDGE, FL 32955 US**FEI Number:** 59-2470805**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MANSUR, JOHN
4365 HIELD ROAD
PALM BAY, FL 32907 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	ELDER, SECRETARY
Name	LOVALL, DONALD D
Address	1711 FENWAY CIRCLE
City-State-Zip:	ROCKLEDGE FL 32955

Title	ELDER, TREASURER
Name	LOVAN, JAMES M
Address	888 JAMESTOWN DR.
City-State-Zip:	ROCKLEDGE FL 32955

Title	ELDER
Name	HOLLAND, WILLIAM
Address	950 BOLTON LANE
City-State-Zip:	ROCKLEDGE FL 32955

Title	ELDER
Name	WALKER, JAY B
Address	6975 LOVINGTON WAY
City-State-Zip:	MELBOURNE FL 32955

Title	ELDER
Name	MANSUR, JOHN
Address	4365 HIELD ROAD
City-State-Zip:	PALM BAY FL 32907

Title	PASTOR, ELDER
Name	BYNUM, MIKE
Address	938 OSPREY LANE
City-State-Zip:	ROCKLEDGE FL 32955

Title	ELDER
Name	MATTHEWS, DAVE
Address	1020 FOXWOOD CT
City-State-Zip:	ROCKLEDGE FL 32955

Title	ELDER
Name	BOYER, BRIAN
Address	3853 LAFLOR DR.
City-State-Zip:	ROCKLEDGE FL 32955

I hereby 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 all other like empowered.

SIGNATURE: JAMES M LOVAN**TREASURER****08/16/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date