| | INC. | | | 14 | 410778625CC |
|------------------------|---|---|-----------------------------------|-------------------------------------|---------------------------------|
| | Current Prin | cipal Place of Business: | | | |
| | 1225 ROYAL PA PALM COAST, | ALMS PARKWAY FL 32164 | | | |
| | Current Mail | ling Address: | | | |
| | | - PALMS PARKWAY ST, FL 32164 | | | |
| FEI Number: 59-3752198 | | | Certificate of Status Desired: No | | |
| | Name and A | ddress of Current Registered Agent: | | | |
| | 1513 CULVERH | ACCOUNTING SERVICES, INC. IOUSE DRIVE CH, FL 32117 US | | | |
| | DATIONA BEA | | | | |
| | | l entity submits this statement for the purpose of changing its regis | tered office or regis | tered agent, or both, in the S | State of Florida. |
| | The above named | | tered office or regis | tered agent, or both, in the S | State of Florida. 09/05/2023 |
| | The above named | entity submits this statement for the purpose of changing its regis | tered office or regis | tered agent, or both, in the S | |
| | The above named | entity submits this statement for the purpose of changing its regis ROCHELLE M. CLARK Electronic Signature of Registered Agent | tered office or regis | tered agent, or both, in the S | 09/05/2023 |
| | The above named | entity submits this statement for the purpose of changing its regis ROCHELLE M. CLARK Electronic Signature of Registered Agent | tered office or regis | tered agent, or both, in the s | 09/05/2023 |
| | The above named SIGNATURE Officer/Direc | entity submits this statement for the purpose of changing its regis ROCHELLE M. CLARK Electronic Signature of Registered Agent Ctor Detail : | | | 09/05/2023 |
| | The above named SIGNATURE Officer/Direc Title | I entity submits this statement for the purpose of changing its regis Image: ROCHELLE M. CLARK Electronic Signature of Registered Agent Ctor Detail : T | Title | P | 09/05/2023 |
| | The above named SIGNATURE Officer/Direc Title Name | I entity submits this statement for the purpose of changing its regis ROCHELLE M. CLARK Electronic Signature of Registered Agent Ctor Detail : T MUMMERT, ELIZABETH 45 ELLSWORTH DRIVE | Title Name | P MCMANIGAL, DAN 3622 DAME ST | 09/05/2023 Date |
| | The above named SIGNATURE Officer/Direc Title Name Address | I entity submits this statement for the purpose of changing its regis ROCHELLE M. CLARK Electronic Signature of Registered Agent Ctor Detail : T MUMMERT, ELIZABETH 45 ELLSWORTH DRIVE | Title Name Address | P MCMANIGAL, DAN 3622 DAME ST | 09/05/2023 Date |
| | The above named SIGNATURE Officer/Direc Title Name Address City-State-Zip: | Rechercher in the statement for the purpose of changing its registers in the statement for the purpose of changing its registers is a statement for the purpose of changing its registers is a statement of Registered Agent is a | Title Name Address | P MCMANIGAL, DAN 3622 DAME ST | 09/05/2023 Date |
| | The above named SIGNATURE Officer/Direc Title Name Address City-State-Zip: Title | entity submits this statement for the purpose of changing its regis ROCHELLE M. CLARK Electronic Signature of Registered Agent Ctor Detail : T MUMMERT, ELIZABETH 45 ELLSWORTH DRIVE PALM COAST FL 32164 VP | Title Name Address | P MCMANIGAL, DAN 3622 DAME ST | 09/05/2023 Date |
| | The above named SIGNATURE Officer/Direc Title Name Address City-State-Zip: Title Name | entity submits this statement for the purpose of changing its regis ROCHELLE M. CLARK Electronic Signature of Registered Agent Ctor Detail : T MUMMERT, ELIZABETH 45 ELLSWORTH DRIVE PALM COAST FL 32164 VP NORTON, ELLIS 109 LONGVIEW WAY NORTH | Title Name Address | P MCMANIGAL, DAN 3622 DAME ST | 09/05/2023 Date |

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: GRACE PRESBYTERIAN CHURCH OF PALM COAST, FLORIDA,

DOCUMENT# N0100007386

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: DAN MCMANIGAL

Electronic Signature of Signing Officer/Director Detail

09/05/2023 Date

FILED Sep 05, 2023

Secretary of State