

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02320

**Entity Name:** GRACE CHRISTIAN CENTER, INC.**Current Principal Place of Business:**3301 N 72ND AVE  
HOLLYWOOD, FL 33024**Current Mailing Address:**15068 SW 10 ST  
SUNRISE, FL 33326 US**FEI Number:** 59-2412635**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**RISI, RICHARD DSR.  
15068 SW 10 ST.  
SUNRISE, FL 33326 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	PD
Name	RISI, RICHARD DSR.
Address	15068 SW 10 ST
City-State-Zip:	SUNRISE FL 33326

Title	VD
Name	RISI, PATRICE L
Address	15068 SW 10 ST
City-State-Zip:	SUNRISE FL 33326

Title	D
Name	WALL, SANDRA DR.
Address	209 SHADOWOOD DR.
City-State-Zip:	JOHNSON CITY TN 37604

Title	D
Name	POETSCHKE, MARY B
Address	1591 NW 182ND TERRACE
City-State-Zip:	PEMBROKE PINES FL 33029

Title	S/TD
Name	POETSCHKE, SHERRY
Address	1591 NW 182ND TERRACE
City-State-Zip:	PEMBROKE PINES FL 33029

*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: RICHARD RISI****PRESIDENT****03/02/2016**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date