

2015 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****04/15/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date