

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000005431

**Entity Name:** GRACE MINISTRIES INTERNATIONAL OF JACKSONVILLE, INC.

**FILED**  
**Jan 19, 2017**  
**Secretary of State**  
**CC3840565645**

**Current Principal Place of Business:**

4232 GARIBALDI AVENUE  
JACKSONVILLE, FL 32210

**Current Mailing Address:**

4232 GARIBALDI AVENUE  
JACKSONVILLE, FL 32210

**FEI Number: 59-3599469**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

STARK, ROGER B  
4232 GARIBALDI AVENUE  
JACKSONVILLE, FL 32210 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 PTE  
Name STARK, ROGER B  
Address 4232 GARIBALDI AVENUE  
City-State-Zip: JACKSONVILLE FL 32210

Title SD  
Name STARK, GLORIA  
Address 4232 GARIBALDI AVENUE  
City-State-Zip: JACKSONVILLE FL 32210

Title D  
Name RUMMELL, LEEANN  
Address 2538 RIVER RD  
City-State-Zip: JACKSONVILLE FL 32207

Title DIRECTOR  
Name STARK, BLAIR ELIZABETH  
Address 4232 GARIBALDI AVENUE  
City-State-Zip: JACKSONVILLE FL 32210

*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: ROGER B STARK**

**PRESIDENT**

**01/19/2017**

Electronic Signature of Signing Officer/Director Detail

Date