


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 28, 2004 8:00 am**  
**Secretary of State**

05-28-2004 90002 043 \*\*\*\*61.25

**DOCUMENT # 701820**

1. Entity Name  
**GRACE BIBLE CHURCH OF PALM BAY, FLORIDA, INC.**



Principal Place of Business  
 2220 PORT MALABAR BLVD. N.E.  
 PALM BAY, FL 32905

Mailing Address  
 2220 PORT MALABAR BLVD. N.E.  
 PALM BAY, FL 32905

04000700



2. Principal Place of Business  
**3620 BAYSIDE LAKES BLVD**

3. Mailing Address  
**P.O. BOX 100045**

Suite, Apt. #, etc.

03132003 Chg-NP CR2E037 (10/03)

City & State  
**PALM BAY, FL**

City & State  
**PALM BAY, FL**

Zip  
**32909**

Country  
**USA**

Zip  
**32910**

Country

4. FEI Number  
**59-2260660**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MCGILLICUDDY, STEPHEN**  
**1861 FALLON BLVD NE**  
**PALM BAY, FL 32907**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is **\$61.25**  
 Due by **September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

Make check payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCGILLICUDDY, STEPHEN 1861 FALLON BLVD NE PALM BAY, FL 32907 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CANNON, DAVID T JR 4040 REYNOLDS DR VALKARIA, FL 32950 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MACDONALD, PAUL 444 MYRTLE WOOD RD SUNTREE, FL 32940 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREASURES</b> <b>JUDITH A. BAKER</b> <b>2445 HIDEAWAY LA</b> <b>VALKARIA, FL 32950</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LESLIE, LORETTA 319 EVERGREEN ST NE PALM BAY, FL 32907 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes; I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Steph McGillicuddy* Date: 5/23/04  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR