## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Apr 12, 2004 8:00 am Secretary of State **DOCUMENT # 702811** 1. Entity Name 04-12-2004 90657 009 \*\*\*\*61.25 THE GRACE BAPTIST CHURCH OF CUTLER RIDGE. FLORIDA, INC. Principal Place of Business Mailing Address 19301 SW 127TH AVE. MIAMI FL 33177 19301 SW 127TH AVE. MIAMI FL 33177 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State City & State 4. FEI Number Applied For 59-1216303 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent P. Napier HORNE, MICHAEL W REV. Street Address (P.O. Box Number is Not Acceptable) 19370 ŚW 125 AVENUE **MIAMI FL 33177** Zip Code 33170 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 obligation **SIGNATURE** (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2004 Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. 1 Delete TITLE TITLE ☐ Addition Mulligan , Chester F. 16903 S.W. 145 Am. HORNE, MICHAEL W NAME NAME 19370 SW 125 AVENUE STREET ADDRESS STREET ADDRESS MIAMI-FL CITY-ST-ZIF CITY-ST-ZIP TITLE Delete TITLE Addition : TRENHOLM, PATRICK S. Horne NAME NAME 1690 NW 15TH TERR. 19370 S.W. 125 Are STREET ADDRESS STREET ADDRESS HOMESTEAD FL 33030 CITY-ST-ZIP CITY-ST-ZIP Miami, FL 33177 VT TITLE Delete MLE Change - Addition RADCLIFFE, BILLY J NAME J.P. Napier 12801 S.W. 216 Terr NAME 460 NW 124 AVE. STREET ADDRESS STREET ADDRESS MIAMI FL 33182 CITY+ST-7tP CITY-ST-ZIP Miam; FL 33170 Delete TITLE TITLE ■ Addition CHASTAIN, RALPH E James Howard 15825 S.W. 150Ct. NAME NAME 12400 SW 189 ST -STREET ADDRESS STREET ADDRESS MIAMI FL 33177 CITY-ST-ZIP Miami FL 33/87 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

Chester F. Mulligan

**FILED**