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2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005 08:00 AM
Secretary of State

DOCUMENT # 702811

1. Entity Name
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

01282005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
59-1216303
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

NAPIER, J.P.
12801 SW 216 TERR.
MIAMI, FL 33170

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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 May 1, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MULLIGAN, CHESTER F
STREET ADDRESS	16903 SW 145 AVE.
CITY-ST-ZIP	MIAMI, FL 33177
TITLE	S
NAME	HORNE, GAY S
STREET ADDRESS	19370 SW 125 AVE.
CITY-ST-ZIP	MIAMI, FL 33177
TITLE	VT
NAME	NAPIER, J.P.
STREET ADDRESS	12801 SW 216 TERR.
CITY-ST-ZIP	MIAMI, FL 33170
TITLE	TD
NAME	HOWARD, JAMES
STREET ADDRESS	15825 SW 150 CT.
CITY-ST-ZIP	MIAMI, FL 33187
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/21/05-80092-011 70.00

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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.

SIGNATURE: Chester W Mulligan 1-28-05 305-238-7332
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #