



FILED

Feb 12, 2004 08:00 AM

Secretary of State

2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

<b>DOCUMENT # 703099</b> 1. Entity Name GRACE CHRISTIAN REFORMED CHURCH OF INDIAN HARBOUR BEACH, INC.			
Principal Place of Business 1202 BANANA RIVER DRIVE INDIAN HARBOUR BEACH, FL 32937		Mailing Address 1202 BANANA RIVER DRIVE INDIAN HARBOUR BEACH, FL 32937	
<b>DO NOT WRITE IN THIS SPACE</b>		 01082004 No Chg-NP CR2E037 (10/03)	
4. FEI Number 59-2365263		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  KABBOORD, WILLIAM D 640 CINNAMON COURT SATELLITE BEACH, FL 32937		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering)</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		U000000048489 02/12/04-80083-001 61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KABBOORD, WILLIAM D 640 CINNAMON COURT SATELLITE BEACH, FL 32937		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KABBOORD, WILLIAM D III 45 DORSET LANE SATELLITE BEACH, FL 32937		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD AUDREY, OPHALT 3071 PURPLE MARTIN LANE INDIALANTIC, FL 32903		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MCM, KENNETH S 239 NE FIRST CT SATELLITE BEACH, FL 32937		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>		
TITLE NAME STREET ADDRESS 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			
SIGNATURE: <u>A. Kabboord</u> <u>William Kabboord</u>		2-9-04 (321) 783-2404	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	