

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2005 8:00 am
Secretary of State

02-18-2005 90064 024 ****61.25

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02152005 Chg-NP CR2E037 (10/03)

DOCUMENT # 703099 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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
				Country	
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			7. Name and Address of New Registered Agent Name William D. Kabboord III Street Address (P.O. Box Number is Not Acceptable) 45 Dorset Lane City Satellite Beach FL Zip Code 32937		
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 <u><i>William D. Kabboord III</i></u> William D. Kabboord III ^{STD} 2/15/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee Is \$61.25 Due by May 1, 2005		9. Election Campaign Financing - Trust Fund Contribution. <input type="checkbox"/>		\$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	PD		<input type="checkbox"/> Delete		
NAME	KABBOORD, WILLIAM D		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	640 CINNAMON COURT				
CITY- ST- ZIP	SATELLITE BEACH, FL 32937				
TITLE	STD		<input type="checkbox"/> Delete		
NAME	KABBOORD, WILLIAM D III		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	45 DORSET LANE				
CITY- ST- ZIP	SATELLITE BEACH, FL 32937				
TITLE	VPD		<input type="checkbox"/> Delete		
NAME	AUDREY, OPTHALT		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	3071 PURPLE MARTIN LANE				
CITY- ST- ZIP	INDIALANTIC, FL 32903				
TITLE	VPD		<input type="checkbox"/> Delete		
NAME	MCM, KENNETH S		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	239 NE FIRST CT				
CITY- ST- ZIP	SATELLITE BEACH, FL 32937				
TITLE			<input type="checkbox"/> Delete		
NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS					
CITY- ST- ZIP					
TITLE			<input type="checkbox"/> Delete		
NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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><i>William D. Kabboord III</i></u> 2/15/05 (321) 783-2404 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					