

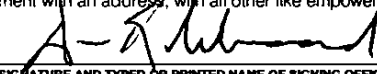


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 30, 2006 8:00 am**  
**Secretary of State**

01-30-2006 90051 029 \*\*\*\*61.25

<b>DOCUMENT # 703099</b> 1. Entity Name <b>GRACE CHRISTIAN REFORMED CHURCH OF INDIAN HARBOUR BEACH, INC.</b>					
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 <b>59-2365263</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>KABBOORD III, WILLIAM D</b> <b>45 DORSET LANE</b> <b>SATELLITE BEACH, FL 32937</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	<b>President</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	KABBOORD, WILLIAM D		NAME	<b>William C. Dickinson Jr.</b>	
STREET ADDRESS	640 CINNAMON COURT		STREET ADDRESS	<b>1941 Hwy A1A #206</b>	
CITY-ST-ZIP	SATELLITE BEACH, FL 32937		CITY-ST-ZIP	<b>Indian Harbour Beach, FL 32937</b>	
TITLE	STD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KABBOORD, WILLIAM D III		NAME		
STREET ADDRESS	45 DORSET LANE		STREET ADDRESS		
CITY-ST-ZIP	SATELLITE BEACH, FL 32937		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	AUDREY, OPHALT		NAME		
STREET ADDRESS	3071 PURPLE MARTIN LANE		STREET ADDRESS		
CITY-ST-ZIP	INDIALANTIC, FL 32903		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<b>McMenemy, Kenneth S.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCM, KENNETH S		NAME		
STREET ADDRESS	239 NE FIRST CT		STREET ADDRESS		
CITY-ST-ZIP	SATELLITE BEACH, FL 32937		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 exemptions contained in Chapter 119, 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.					
<b>SIGNATURE:</b> 			<b>1/26/06 321-783-2404</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		