

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 09, 2004 8:00 am**  
**Secretary of State**

02-09-2004 90032 024 \*\*\*\*61.25

<b>DOCUMENT # 707165</b> 1. Entity Name <b>GRACE COMMUNITY CHURCH OF FORT LAUDERDALE, INC.</b>					
Principal Place of Business <b>8054 WEST MCNAB ROAD NORTH LAUDERDALE, FL 33068</b>			Mailing Address <b>8054 WEST MCNAB ROAD NORTH LAUDERDALE, FL 33068</b>		
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>59-0979154</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>SADER, ROBERT L 1901 W. CYPRESS CREEK RD. #415 FORT LAUDERDALE, FL 33309</b>					
7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ <b>FL</b> 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 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE	<b>D</b> <input checked="" type="checkbox"/> Delete				
NAME	<b>BROOKS, DURWOOD</b>				
STREET ADDRESS	<b>4850 NW 10TH TERRACE</b>				
CITY-ST-ZIP	<b>FORT LAUDERDALE, FL 33309</b>				
TITLE	<b>D</b> <input type="checkbox"/> Delete				
NAME	<b>SCHOYEN, JERALD</b>				
STREET ADDRESS	<b>840 NE 47TH ST</b>				
CITY-ST-ZIP	<b>FORT LAUDERDALE, FL 33311</b>				
TITLE	<b>D</b> <input type="checkbox"/> Delete				
NAME	<b>LECUYER, ROLAND</b>				
STREET ADDRESS	<b>7000 NW 91ST TERRACE</b>				
CITY-ST-ZIP	<b>FORT LAUDERDALE, FL 33321</b>				
TITLE	<b>D</b> <input type="checkbox"/> Delete				
NAME	<b>NELSON, JOHN</b>				
STREET ADDRESS	<b>7614 NW 72ND WAY</b>				
CITY-ST-ZIP	<b>TAMARAC, FL 33321</b>				
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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.					
<b>SIGNATURE: <i>Roland Lecuyer</i> Roland Lecuyer 2-5-04 954-724-</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 4425</small>					