


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 12, 2006 08:00 AM  
Secretary of State**

<b>DOCUMENT # 707165</b>		
1. Entity Name GRACE COMMUNITY CHURCH OF FORT LAUDERDALE, INC.		
Principal Place of Business 8054 WEST MCNAB ROAD NORTH LAUDERDALE, FL 33068		Mailing Address 8054 WEST MCNAB ROAD NORTH LAUDERDALE, FL 33068
<b>DO NOT WRITE IN THIS SPACE</b>		
		01092006 No Chg-NP CR2E037 (11/05)
4. FEI Number 59-0979154		Applied For 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		
SADER, ROBERT L 1901 W. CYPRESS CREEK RD. #415 FORT LAUDERDALE, FL 33309		<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 reinstating)</small> DATE _____		
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHOYEN, JERALD 840 NE 47TH ST FORT LAUDERDALE, FL 33311	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LECUYER, ROLAND 7000 NW 91ST TERRACE TAMARAC, FL 33321	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NELSON, JOHN 7614 NW 72ND WAY TAMARAC, FL 33321	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS 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.		
SIGNATURE: <u>Roland Lecuyer</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>1-9-2006</u> <small>Date</small> <u>954-724-2003</u> <small>Daytime Phone #</small>