
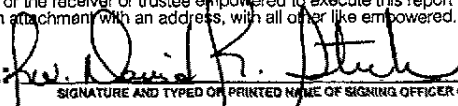


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2005 08:00 AM
Secretary of State

DOCUMENT # 707357		
1. Entity Name GRACE ASSEMBLY OF GOD, MYRTLE GROVE, INC.		
Principal Place of Business 6117 WEST FAIRFIELD DRIVE PENSACOLA, FL 32506		Mailing Address 6117 WEST FAIRFIELD DRIVE PENSACOLA, FL 32506
DO NOT WRITE IN THIS SPACE		
		01052005 No Chg-NP CR2E037 (10/03)
4. FEI Number 59-1883323		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
STEELE, DAVID R 7886 CHESTERFIELD RD. PENSACOLA, FL 32506		DO NOT WRITE IN THIS SPACE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____		
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
10. OFFICERS AND DIRECTORS		000000191353 01/24/05-80170-016 61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STEELE, DAVID R 7886 CHESTERFIELD RD. PENSACOLA, FL 32506	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GRAY, JOHN 2545 TRAILWOOD DR. CANTONMENT, FL 32533	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM MCNEECE, EARL 7005 ESTER ST. PENSACOLA, FL 32506	
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 exemption stated in Section 119.07(3)(f), 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		1-17-05 850-457-4919 Date Daytime Phone #