2007 NOT-FOR-PROFIT CORPORATION

FILED ANNUAL REPORT Jan 25, 2007 08:00 AN **DOCUMENT #707357 Secretary of State** 1. Entity Name GRACE ASSEMBLY OF GOD, MYRTLE GROVE, INC. Principal Place of Business Mailing Address 6117 WEST FAIRFIELD DRIVE 6117 WEST FAIRFIELD DRIVE PENSACOLA, FL 32506 PENSACOLA, FL 32506 01172007 No Chg-NP CR2E037 (4/06) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1883323 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent STEELE, DAVID R DO NOT WRITE 7886 CHESTERFIELD RD. PENSACOLA, FL 32506 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 Signature, typed or grinted name of registered agent and little if applicable (NOTE Registered Agent signature required when reinstating) DATE Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Due by May 1, 2007 OFFICERS AND DIRECTORS 10. TITLE NAME STEELE, DAVID R STREET ADDRESS 7886 CHESTERFIELD RD. CITY-ST-ZIP PENSACOLA, FL 32506 TITLE U000000604130 NAME RIDENHOWER, JON 01/29/07-80041-014 61.25 STREET ADDRESS 12858 LILLIAN HWY CITY-ST-ZIP PENSACOLA, FL 32506 1371 F NAME FUQUA, LYNN STREET ADDRESS 2360 DORA ST DO NOT WRITE CITY-ST-ZIP PENSACOLA, FL 32514 IN THIS SPACE TELE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 of 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: .

CITY-SY-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

> SIGNATURE AND TYPED OR PR NAME OF SIGNING OFFICER OR DIRECTOR

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