


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2006 08:00 AM
Secretary of State

DOCUMENT # 709313
 1. Entity Name
THE GRACE BRETHREN CHURCH OF FORT MYERS, FLORIDA, INC.



Principal Place of Business: **2141 CRYSTAL DRIVE FORT MYERS FL 33907**
 Mailing Address: **2141 CRYSTAL DRIVE FORT MYERS FL 33907**

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.
 City & State: City & State
 Zip: Country



1st MOORE CR2E037 (10/05)

4. FEI Number: **59-1420071** Applied For: Not Applicable:
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SHIPLEY, STEVEN
2366 CHANDLER AVE
FT. MYERS FL 33907

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ FL 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: *Sh Shipley* 2/5/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when existing) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	DV	<input type="checkbox"/> Delete
NAME	SHIPLEY, STEVEN	
STREET ADDRESS	2366 CHANDLER AVENUE	
CITY-ST-ZIP	FT MYERS FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	SHAFFER, EDWARD J	
STREET ADDRESS	217 OREGON WAY	
CITY-ST-ZIP	LEHIGH ACRES FL 33936	
TITLE	DS	<input type="checkbox"/> Delete
NAME	DEFFET, THOMAS	
STREET ADDRESS	2148 ALDRIDGE AVE	
CITY-ST-ZIP	FT MYERS FL 33907	
TITLE	FO	<input type="checkbox"/> Delete
NAME	WEBB, STEPHEN	
STREET ADDRESS	6317 HOFSTRA CT	
CITY-ST-ZIP	FORT MYERS FL 33919	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

00000505110
 04/26/06-80105-007 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Sh Shipley* 2/5/06 936-325