

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2007 8:00 am
Secretary of State

03-28-2007 90010 032 ****70.00

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|--|--|---|--|--|--|
| DOCUMENT # 711016 1. Entity Name GRACE GOSPEL CHAPEL, INCORPORATED. | | | | | |
| Principal Place of Business 2262-5TH AVENUE NORTH ST PETERSBURG, FL 33713 | | | Mailing Address 2262-5TH AVENUE NORTH ST PETERSBURG, FL 33713 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-2360199 | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent DYKE, NOEL 3662 1ST AVE S ST PETERSBURG, FL 33711 | | | | 7. Name and Address of New Registered Agent Name PHILLIPS, LYNN Street Address (P.O. Box Number is Not Acceptable) 5841 63 TERRACE N City PINELLAS PARK FL Zip Code 33781 | |
| 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 <i>Lynn B. Phillips</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | DATE 2/13/07 <small>(NOTE: Registered Agent signature required when reinstating)</small> | | |
| Filing Fee Is \$61.25 Due by May 1, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD DALLIMORE, GERALD 1010 118 ST. EAST BRADENTON, FL 342122774 <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PIZZULLI, JAMES 6395 HEATHER LANE PINELLAS PARK, FL 33781 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PHILLIPS, LYNN 5841 63 TERRACE N. PINELLAS PARK, FL 34665 <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD SCOTT, JASPER 3242 SAN PEDRO ST. CLEARWATER, FL 33759 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SDT WADE, HUGH 1400 66TH AVE. S. ST. PETERSBURG, FL 33705 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD/T WADE, HUGH 1400 66 AVE S ST. PETERSBURG, FL 33705 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CAMERON, MILTON 1007 45 STREET E BRADENTON, FL 34208 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CHANG, HARRY 11543 SUMMIT ROCK COURT PARRISH, FL 34219 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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: <i>Hugh Wade</i> HUGH WADE 2/13/07 (727) 867-3267 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |