

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90859 015 \*\*\*\*\*70.00

**DOCUMENT # 712113**

1. Entity Name  
**GRACE CHRISTIAN MINISTRIES, INC.**



Principal Place of Business  
**1185 N. WYMORE RD.  
MAITLAND, FL 32751**

Mailing Address  
**1185 N. WYMORE RD.  
MAITLAND, FL 32751**

2. Principal Place of Business - No P.O. Box #  
**235 Lake Seminary Cir**  
Suite, Apt. #, etc.

3. Mailing Address  
**P.O. Box 941507**  
Suite, Apt. #, etc.

City & State  
**Maitland, FL**

City & State  
**Maitland**

Zip  
**32751**

Country  
**USA**

Zip  
**32709 94**

Country  
**USA**

03032007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-2124090**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**DRAGOMIR, WILLIAM N  
1020 SHEELER AVENUE  
APOPKA, FL 32703**

**7. Name and Address of New Registered Agent**

Name **John Nest**  
Street Address (P.O. Box Number is Not Acceptable)  
**235 Lake Seminary Circle**  
City **Maitland** FL Zip Code **32751**

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 printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

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 **D** ☐ Delete  
NAME **NEST, JOHN**  
STREET ADDRESS **235 LAKE SEMINARY CIRCLE**  
CITY - ST - ZIP **MAITLAND, FL 32751**

TITLE **DT** ☒ Delete  
NAME **DRAGOMIR, WILLIAM**  
STREET ADDRESS **1020 SHEFLER AVE**  
CITY - ST - ZIP **APOPKA, FL 32703**

TITLE **D** ☐ Delete  
NAME **BERKLAND, MARK**  
STREET ADDRESS **369 BANYON DR.**  
CITY - ST - ZIP **MAITLAND, FL 32751**

TITLE **P** ☒ Delete  
NAME **SMITH, BILL**  
STREET ADDRESS **1185 N. WYMORE RD**  
CITY - ST - ZIP **MAITLAND, FL 32751**

TITLE **D** ☐ Delete  
NAME **TYLER ZIELASKO**  
STREET ADDRESS **707 ASHFORD OAKS DR. APT 103**  
CITY - ST - ZIP **ALHAMBRA SPRINGS, FL 32714**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME **Olden A Purnell**  
STREET ADDRESS **3716 WEST AVE C/A**  
CITY - ST - ZIP **OKLAHOMA CITY, OK 73119-8241**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/26/07 321-277-1128**