


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2005 8:00 am
Secretary of State

02-09-2005 90048 028 ****70.00

DOCUMENT # 719986
 1. Entity Name
GRACE BIBLE CHURCH OF CAPE CANAVERAL, INC.



Principal Place of Business Mailing Address
CAPE CANAVERAL INC **CAPE CANAVERAL INC**
408 TYLER AVE **408 TYLER AVE**
CAPE CANAVERAL FL 32920 **CAPE CANAVERAL FL 32920**

50012473



1st MOORE CR2E037 (10/04)

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **NO-T APPLICABLE** Applied For
 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent
IRVIN, WM C
45 S. ATLANTIC AVE.
COCOA BEACH FL

7. Name and Address of New Registered Agent
 Name **Nancy L. Murphy, DST**
 Street Address (P.O. Box Number is Not Acceptable)
408 Tyler Avenue
 City **Cape Canaveral FL** Zip Code **32920**

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 *Nancy L. Murphy* **Nancy L. Murphy, DST** **03 February 2005**
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW - FEE IS \$61.25
Due By May 1, 2005

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	PD	<input type="checkbox"/> Delete
NAME	MURPHY, J.D.	
STREET ADDRESS	408 TYLER AVE.	
CITY-ST-ZIP	CAPE CANAVERAL FL 32920	
TITLE	VD	<input type="checkbox"/> Delete
NAME	TUCKER, LARRY	
STREET ADDRESS	3617 BANNOCK ST	
CITY-ST-ZIP	COCOA FL	
TITLE	DST	<input type="checkbox"/> Delete
NAME	MURPHY, N. L.	
STREET ADDRESS	408 TYLER AVE.	
CITY-ST-ZIP	CAPE CANAVERAL FL 32920	
TITLE	D	<input type="checkbox"/> Delete
NAME	FISHER, C.C.	
STREET ADDRESS	408 TYLER AVENUE	
CITY-ST-ZIP	CAPE CANAVERAL FL 32920	
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"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tucker, Larry	
STREET ADDRESS	3617 Bannock St.	
CITY-ST-ZIP	Cocoa, FL 32926	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(i), 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: *Nancy L. Murphy* **Nancy L. Murphy Director/Secretary/Treasurer 2/3/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #