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

## **Secretary of State** DOCUMENT # 719986 1. Entity Name 02-06-2006 90094 034 \*\*\*\*70.00 GRACE BIBLE CHURCH OF CAPE CANAVERAL, INC. Principal Place of Business Mailing Address CAPE CANAVERAL INC CAPE CANAVERAL INC 408 TYLER AVE CAPE CANAVERAL FL 32920 408 TYLER AVE CAPE CANAVERAL FL 32920 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State Applied For City & State 4. FEI Number **NO-T APPLICABLE** Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MURPHY, NANCY L DST Street Address (P.O. Box Number is Not Acceptable) **408 TYLÉR AVENUE** CAPE CANAVERAL FL 32920 City 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 SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution Due By May 1, 2006 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. PD TITLE ☐ Delete TITLE Change Addition NAME MURPHY, J.D. NAME 408 TYLER AVE. STREET ADDRESS STREET ADDRESS CAPE CANAVERAL FL C!TY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE TUCKER, LARRY NAME NAME 3617 BANNOCK ST STREET ADDRESS STREET ADDRESS CITY-ST-7/P COCOA FL 32926 CITY-ST-ZIP DS1" - ---∐ Delete ☐ Change ☐ Addition TITLE TITLE MURPHY, N. L. NAME NAME STREET ADDRESS 408 TYLER AVE. STREET ADDRESS CAPE CANAVERAL FL CITY-ST-ZIP CITY-ST-ZIP Delete Change Addition TITLE NAME FISHER, C.C. NAME **408 TYLER AVENUE** STREET ADDRESS STREET ADDRESS CITY-ST-7IP CAPE CANAVERAL FL 32920 CITY-ST-7P Addition TITLE ☐ Delete TITLE Director Craig W. Fisher, Jr. 87 Lucas Road NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST-7IP

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

Manguel Muchaul

if changed, or on an attachment with an address, with all other like empowered.

FILED

Feb 06, 2006 8:00 am