


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 28, 2008 08:00 AM
Secretary of State

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

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



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|--|---------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

1st MOORE CR2E037 (10/07)

| | | | |
|--------------|--------------|---|-------------------------------|
| City & State | City & State | 4. FEI Number NO-T APPLICABLE | Applied For Not Applicable |
| Zip | Country | Zip | Country |

| | |
|--|---------------------------------------|
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
|--|---------------------------------------|

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|--|
| 6. Name and Address of Current Registered Agent |
| MURPHY, NANCY L DST 408 TYLER AVENUE CAPE CANAVERAL FL 32920 |

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|--|
| 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 _____ DATE _____
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent cannot be a corporation or partnership)

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

| | |
|--|------------------------------------|
| 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 | | |
|--|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD MURPHY, J.D. 408 TYLER AVE. CAPE CANAVERAL FL | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V TUCKER, LARRY 3617 BANNOCK ST COCOA FL 32926 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DST MURPHY, N. L. 408 TYLER AVE. CAPE CANAVERAL FL | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D FISHER, C.C. 408 TYLER AVENUE CAPE CANAVERAL FL 32920 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D FISHER, CRAIG W JR 87 LUCAS RD MERRITT ISLAND FL 32953 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| U000000802676 02/04/08-80010-001 70.00 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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 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: *Nancy L. Murphy* *Nancy L. Murphy* *Director, Secretary, Treasurer*
 26 Jan 08 321-783-5279