

# ANNUAL REPORT (AR)



**FILED**  
**Jan 26, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 721078**  
 1. Entity Name  
**GRACE COMMUNITY CHURCH OF BRANDON, INC.**

Principal Place of Business 1300 N. VALRICO VALRICO FL 33594 US	Mailing Address P.O. BOX 843 BRANDON FL 33509 US
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E037 (10/06)

City & State	City & State
Zip	Country

4. FEI Number <b>59-1354143</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

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

**GUSTAFSON, REV. R.R.**  
**1300 N. VALRICO ROAD**  
**GRACE COMMUNITY CHURCH**  
**VALRICO FL 33594**

**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 signature required when necessary)

**FILE NOW: 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	VD	<input type="checkbox"/> Delete	NAME JOHNSON, BILL
STREET ADDRESS	817 PEBBLEWOOD DR		
CITY-STATE-ZIP	BRANDON FL 33511		
TITLE	PD	<input type="checkbox"/> Delete	NAME GUSTAFSON, R R
STREET ADDRESS	1300 N VALRICO RD.		
CITY-STATE-ZIP	VALRICO FL		
TITLE	ST	<input type="checkbox"/> Delete	NAME MCKEEN, BARRY A
STREET ADDRESS	2109 HERITAGE CREST DR.		
CITY-STATE-ZIP	VALRICO FL 33594		
TITLE		<input type="checkbox"/> Delete	NAME
STREET ADDRESS			
CITY-STATE-ZIP			
TITLE		<input type="checkbox"/> Delete	NAME
STREET ADDRESS			
CITY-STATE-ZIP			
TITLE		<input type="checkbox"/> Delete	NAME
STREET ADDRESS			
CITY-STATE-ZIP			

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

TITLE	Change	Addition	NAME
STREET ADDRESS			
CITY-STATE-ZIP			
TITLE	Change	Addition	NAME
STREET ADDRESS			
CITY-STATE-ZIP			
TITLE	Change	Addition	NAME
STREET ADDRESS			
CITY-STATE-ZIP			
TITLE	Change	Addition	NAME
STREET ADDRESS			
CITY-STATE-ZIP			

U00000605286  
 01/30/07-80029-025 61.25

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:** *Robert P. Gustafson*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR