

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90022 046 ****61.25

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02132004 Chg-NP CR2E037 (10/03)

4. FEI Number **59-6582083** Applied For ☐ Not Applicable ☐

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

DOCUMENT # 723875

1. Entity Name
GRACE PRESBYTERIAN CHURCH OF SPRING HILL, INC.



Principal Place of Business
**8375 SPRING HILL DRIVE
SPRINGHILL, FL 34608**

Mailing Address
**8375 SPRING HILL DRIVE
SPRINGHILL, FL 34608**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

6. Name and Address of Current Registered Agent
**LAWERENCE, JAY B
8375 SPRG HILL DR
SPRING HILL, FL 34608**

7. Name and Address of New Registered Agent
Name **Dee Bodell**
Street Address (P.O. Box Number is Not Acceptable)
8375 Spring Hill Drive
City **Spring Hill** FL Zip Code **34608**

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 *Dee Bodell* **Dee Bodell** 2/19/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning.) DATE

Filing Fee is \$81.25 Due by May 1, 2004

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	STD	<input checked="" type="checkbox"/> Delete
NAME	BORIS, STEPHEN	
STREET ADDRESS	8396 FAIR HILL AVENUE	
CITY-ST-ZIP	BROOKSVILLE, FL 34613	
TITLE	VD	<input type="checkbox"/> Delete
NAME	RUGGIERO, SALVATORE	
STREET ADDRESS	472 CASTILLE DRIVE	
CITY-ST-ZIP	SPRING HILL, FL 34608	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	LAWERENCE, JAY B	
STREET ADDRESS	8375 SPRING HILL DRIVE	
CITY-ST-ZIP	SPRING HILL, FL 34608	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	T/S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Clarke, Wilbur	
STREET ADDRESS	2163 Terrace View Lane	
CITY-ST-ZIP	Spring Hill, FL 34606-3286	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ruggiero, Salvatore	
STREET ADDRESS	472 Castille Drive	
CITY-ST-ZIP	Spring Hill, FL 34608	
TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bodell, Dee	
STREET ADDRESS	8375 Spring Hill Drive	
CITY-ST-ZIP	Spring Hill, FL 34608	
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: *Dee Bodell* **Dee Bodell** 2/19/04 352-597-7424
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #