

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2005 8:00 am**  
**Secretary of State**

04-26-2005 90172 031 \*\*\*\*61.25

**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

**DO NOT WRITE IN THIS SPACE**



03252005 No Chg-NP

CR2E037 (10/03)

4. FEI Number

59-6582083

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BODELL, DEE  
8375 SPRG HILL DR  
SPRING HILL, FL 34608

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD CLARKE, WILBUR 2163 TERR VIEW LANE SPRING HILL, FL 346063286
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <del>RUGGIERO, SALVATORE</del> <i>Keister, Wayne</i> <del>472 CASTILLE DRIVE</del> <i>13246 Drysdale St.</i> <del>SPRING HILL, FL 34608</del> <i>Spring Hill, FL 34609</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BODELL, DEE 8375 SPRING HILL DRIVE SPRING HILL, FL 34608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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**

*April 18, 2005* **352-683-2082**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #