

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 729532

**FILED**  
**Mar 30, 2004**  
**Secretary of State**

**Entity Name:** GRACE FELLOWSHIP OF JACKSONVILLE, INC.

**Current Principal Place of Business:**

12220 BEACH BLVD  
JACKSONVILLE, FL 32246

**New Principal Place of Business:**

3425 SANS PAREIL ST.  
JACKSONVILLE, FL 32224

**Current Mailing Address:**

P.O. BOX 57190  
JACKSONVILLE, FL 32241

**New Mailing Address:**

**FEI Number:** 59-1519722      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CURRIER, CHARLES  
7880 JOLLIET DR  
JACKSONVILLE, FL 32217      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: KINMAN, DARRYL  
Address: 2434 PEACH DR  
City-St-Zip: JACKSONVILLE, FL 32246

Title: D      ( ) Delete  
Name: CURRIER, CHARLES  
Address: 7880 JOLLIET DR  
City-St-Zip: JACKSONVILLE, FL

Title: P      ( ) Delete  
Name: DAVIS, GEORGE D  
Address: 11650 MANDARIN FOREST  
City-St-Zip: JACKSONVILLE, FL 32223

Title: D      ( ) Delete  
Name: BOYER, TROY  
Address: 11104 OAK RIDGE DR SO  
City-St-Zip: JACKSONVILLE, FL 32225

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: P      (X) Change ( ) Addition  
Name: DAVIS, GEORGE D  
Address: 12453 WINDY WILLOWS DR. N.  
City-St-Zip: JACKSONVILLE, FL 32225

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES CURRIER

D

03/30/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date