2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005
Secretary of State

DOCUMENT# 729532

Entity Name: GRACE FELLOWSHIP OF JACKSONVILLE, INC.

Current Principal Place of Business:

3425 SANS PAREIL ST.
JACKSONVILLE, FL 32224

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 57190
JACKSONVILLE, FL 32241

New Mailing Address:

3425 SANS PAREIL ST
JACKSONVILLE, FL 32224

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:	12453 WINDY WILLOWS DR. N.	
City-St-Zip:	JACKSONVILLE, FL 32225	
Title:	D	( ) Delete
Name:	BOYER, TROY	
Address:	11104 OAK RIDGE DR SO	
City-St-Zip:	JACKSONVILLE, FL 32225	
Title:		( ) Delete
Name:		
Address:		
City-St-Zip:		

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	( ) Change (X) Addition
Name:	NAM, TOM	
Address:	2135 THORN HOLLOW CT.	
City-St-Zip:	ST AUGUSTINE, FL 32092	

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 04/14/2005

Electronic Signature of Signing Officer or Director — Date