
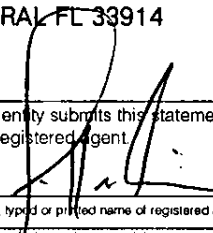


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90105 036 ****61.25

DOCUMENT # 730646			
1. Entity Name GRACE BIBLE FELLOWSHIP INC.			
Principal Place of Business 804 E. VENICE AVE. VENICE FL 34292		Mailing Address 6092 ORCHIS RD VENICE FL 34293	
2. Principal Place of Business 2600 TAMiami TRAIL		3. Mailing Address 732 GUILD DR	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State NOKOMIS FLORIDA		City & State VENICE, FL	
Zip 34274	Country U.S.A.	Zip 34285	Country U.S.A.
4. FEI Number 23-7420587		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RILEY, JEFFREY 2314 SW 44TH ST CAPE CORAL FL 33914		7. Name and Address of New Registered Agent	
Name		Street Address (P.O. Box Number is Not Acceptable)	
City		Zip Code	
FL			
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 4/29/05	
Signature, typed or printed name of registered agent and title if applicable		(NOTE Registered Agent signature required when reinstating)	
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C RILEY, JEFFREY 2314 SW 44TH ST CAPE CORAL FL 33914	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Y NORTON, HENRY 11816 WINDING WOODS WAY BRADENTON FL 34202	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C ALBRECHT, KAREN 732 GUILD DR VENICE FL 34285	<input type="checkbox"/> Delete	S KAREN ALBRECHT 732 GUILD DR VENICE, FL 34285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MYERS, ELVIN 6092 ORCHIS RD VENICE FL 34293	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ALBRECHT, FRANK 732 GUILD DR VENICE FL 34285	<input type="checkbox"/> Delete	T RICHARD HANEWINCKEL 3420 VILLAGE GREEN DR. SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			ROBERT C. BROCK 6260 12TH ST. S ST. PETERSBURG, FL. 33705

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1st MOORE CR2E037 (10/04)

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:  **4/29/05**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #