
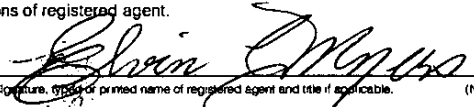
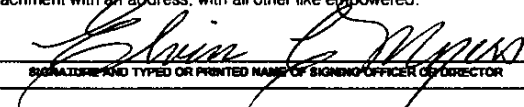


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 14, 2007 8:00 am**  
**Secretary of State**

02-14-2007 90046 032 \*\*\*\*61.25

<b>DOCUMENT # 730646</b>			
1. Entity Name GRACE BIBLE FELLOWSHIP INC.			
Principal Place of Business 2600 TAMiami TRAIL NOKOMIS, FL 34274		Mailing Address 2600 TAMiami TRAIL NOKOMIS, FL 34274	
2. Principal Place of Business - No P.O. Box # 2600 TAMiami TRAIL N Suite, Apt. #, etc.		3. Mailing Address 2600 TAMiami TRAIL N. Suite, Apt. #, etc.	
City & State NOKOMIS, FL		City & State NOKOMIS, FL	
Zip 34275		Country	
Zip 34275		Country	
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 HANEWINKEL, RICHARD 3420 VILLAGE GREEN DR SAINT PETERSBURG, FL 33705		7. Name and Address of New Registered Agent Name ELVIN MYERS Street Address (P.O. Box Number is Not Acceptable) 6092 ORCHIS RD City VENICE FL Zip Code 34293	
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 2-11-07	
Filing Fee is \$61.25 Due by May 1, 2007		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	D BROCK, ROBERT 6260 12TH ST S SAINT PETERSBURG, FL 33705 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NORTON, HENRY 11815 WINDING WOODS WAY BRADENTON, FL 34202 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NORTON, HENRY 3232 PARADE TERRACE NORTH PORT, FL 34286 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ALBRECHT, KAREN 732 GUILD DR VENICE, FL 34285 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS, RON 4349 NATALIE DR VENICE, FL 34293 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS, RON 11923 GRANITE WOODS LOOP VENICE, FL 34292 <input checked="" 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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LYNNE THOMAS 11923 GRANITE WOODS LOOP VENICE, FL 34292 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD HANEWINKEL, RICHARD 3420 VILLAGE GREEN DRIVE SARASOTA, FL 33705 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD ELVIN MYERS 6092 ORCHIS RD VENICE, FL 34293 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		DATE 2-11-07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

40016543



02042007 Chg-NP CR2E037 (12/06)