2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2005
Secretary of State

DOCUMENT# 733959

Entity Name: GRACE COMMUNITY CHURCH OF NEW SMYRNA, INC.

Current Principal Place of Business:

1100 WEST 10TH STREET
NEW SMYRNA BEACH, FL US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 78
NEW SMYRNA BEACH, FL 321700078 US

New Mailing Address:

P.O. BOX 78
NEW SMYRNA BEACH, FL 321700078 US

FEI Number: 51-0188660 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HANCOCK, JIMMIE L
1105 16TH STREET
EDGEWATER, FL 32132 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/C ( ) Delete
Name: BOND-NELSON, PETER
Address: 204 SOUTH RIVERSIDE DRIVE, P.O. BOX 495
City-St-Zip: EDGEWATER, FL 32132 US

Title: D/VC ( ) Delete
Name: DIDAS, BETSY
Address: 35 BOGEY CIRCLE -
City-St-Zip: NEW SMYRNA BEACH, FL 32168 US

Title: D/T ( ) Delete
Name: WALLACE, PEGGY
Address: 2718 YULE TREE DRIVE
City-St-Zip: EDGEWATER, FL 32141 US

Title: D/S ( ) Delete
Name: HEBBERD, GENIE
Address: 1002 LAKE AVENUE
City-St-Zip: EDGEWATER, FL 32132 US

Title: D ( ) Delete
Name: GUENTHER, JUDY
Address: 2327 UNITY TREE DRIVE
City-St-Zip: EDGEWATER, FL 32141 US

Title: D ( ) Delete
Name: BLINT, MARGUERITE
Address: 20 FORE DRIVE
City-St-Zip: NEW SMYRNA BEACH, FL 32168 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D/C (X) Change ( ) Addition
Name: BOND-NELSON, PETER
Address: 1104 12TH STREET, P.O. BOX 459
City-St-Zip: EDGEWATER, FL 32132 US

Title: D/VC (X) Change ( ) Addition
Name: DIDAS, BETSY
Address: 35 BOGEY CIRCLE
City-St-Zip: NEW SMYRNA BEACH, FL 32168 US

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:

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: JIMMIE L. HANCOCK RA 07/06/2005
Electronic Signature of Signing Officer or Director — Date