

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 22, 2006 8:00 am**  
**Secretary of State**

03-22-2006 90001 017 \*\*\*\*61.25

**DOCUMENT # 733959**

1. Entity Name  
**GRACE COMMUNITY CHURCH OF NEW SMYRNA, INC.**



Principal Place of Business  
1100 WEST 10TH STREET  
NEW SMYRNA BEACH, FL US

Mailing Address  
P.O. BOX 78  
NEW SMYRNA BEACH, FL 32170-0078 US

40053000



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03112006 Chg-NP CR2E037 (11/05)

4. FEI Number  
51-0188660

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HANCOCK, JIMMIE L  
1105 16TH STREET  
EDGEWATER, FL 32132

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25  
Due by May 1, 2006

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$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 D/C ☐ Delete  
NAME BOND-NELSON, PETER  
STREET ADDRESS 1104 12TH STREET, P.O. BOX 459  
CITY-ST-ZIP EDGEWATER, FL 32132

TITLE D ☒ Change ☐ Addition  
NAME BOND-NELSON, PETER  
STREET ADDRESS 1104 12TH STREET, P.O. BOX 459  
CITY-ST-ZIP EDGEWATER, FL 32132

TITLE DVC ☐ Delete  
NAME DIDAS, BETSY  
STREET ADDRESS 35 BOGEY CIRCLE  
CITY-ST-ZIP NEW SMYRNA BEACH, FL 32168

TITLE DVC ☐ Change ☒ Addition  
NAME DIDAS, BETSY  
STREET ADDRESS 35 BOGEY CIRCLE  
CITY-ST-ZIP NEW SMYRNA BEACH, FL 32168

TITLE D/T ☒ Delete  
NAME WALLACE, PEGGY  
STREET ADDRESS 2718 YULE TREE DRIVE  
CITY-ST-ZIP EDGEWATER, FL 32141

TITLE D/T ☐ Change ☒ Addition  
NAME DIDAS, RICHARD  
STREET ADDRESS 35 BOGEY CIRCLE  
CITY-ST-ZIP NEW SMYRNA BEACH, FL 32168

TITLE D/S ☐ Delete  
NAME HEBBERD, GENIE  
STREET ADDRESS 1002 LAKE AVENUE  
CITY-ST-ZIP EDGEWATER, FL 32132

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME GUENTHER, JUDY  
STREET ADDRESS 2327 UNITY TREE DRIVE  
CITY-ST-ZIP EDGEWATER, FL 32141

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME BLINT, MARGUERITE  
STREET ADDRESS 20 FORE DRIVE  
CITY-ST-ZIP NEW SMYRNA BEACH, FL 32168

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Richard Didas*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/06  
Date

386-427-0027  
Daytime Phone #