


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 22, 2007 8:00 am**  
**Secretary of State**

02-22-2007 90003 037 \*\*\*\*61.25

|  |  |   |  |  |  |
|--|--|---|--|--|--|
| <b>DOCUMENT # 733959</b><br>1. Entity Name<br><b>GRACE COMMUNITY CHURCH OF NEW SMYRNA, INC.</b>  |  |   |  |   |  |
| Principal Place of Business<br>1100 WEST 10TH STREET<br>NEW SMYRNA BEACH, FL US  |  |   | Mailing Address<br>P.O. BOX 78<br>NEW SMYRNA BEACH, FL 32170-0078 US |  |  |
| 2. Principal Place of Business - No P.O. Box #   |  | 3. Mailing Address  |  |  |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.   |  |  |  |
| City & State   |  | City & State  |  |  |  |
| Zip  | Country  | Zip   | Country  | 4. FEI Number<br><b>51-0188660</b>   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  |   |  | Applied For<br><input type="checkbox"/> Not Applicable   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>HANCOCK, JIMMIE L</b><br><b>1105 16TH STREET</b><br><b>EDGEWATER, FL 32132</b>   |  |   |  | 7. Name and Address of New Registered Agent<br>Name <b>DIDAS, RICHARD A.</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>35 BOBEY CIRCLE</b><br>City <b>NEW SMYRNA BEACH, FL</b> Zip Code <b>32168</b> |  |
| 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 <u><i>Richard A. Didas</i></u> <b>TREASURER</b><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>  |  |   |  |  |  |
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2007</b>  |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be</b><br><b>Added to Fees</b>   |  |
| <b>Make check payable to</b><br><b>Florida Department of State</b>   |  |   |  |  |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |  |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>         |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>D</b><br><b>BOND-NELSON, PETER</b><br><b>1104 12TH STREET, P.O. BOX 459</b><br><b>EDGEWATER, FL 32132</b> <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                       | <b>D</b><br><b>GILBERT, BARBARA</b><br><b>11 CORNHILL COURT</b><br><b>DAYTONA BEACH, FL. 32119</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>DV</b><br><b>BARRINGER, INGLE</b><br><b>1259 MILLS DRIVE</b><br><b>NEW SMYRNA BEACH, FL 32168</b> <input type="checkbox"/> Delete         |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                       | <b>DC</b><br><b>BARRINGER, INGLE</b><br><b>1259 MILLS DRIVE</b><br><b>NEW SMYRNA BEACH, FL. 32168</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                                     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>D/T</b><br><b>DIDAS, RICHARD</b><br><b>35 BOBEY CIRCLE</b><br><b>NEW SMYRNA BEACH, FL 32168</b> <input type="checkbox"/> Delete           |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>D/S</b><br><b>HEBBERD, GENIE</b><br><b>1002 LAKE AVENUE</b><br><b>EDGEWATER, FL 32132</b> <input type="checkbox"/> Delete                 |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>D</b><br><b>GUENTHER, JUDY</b><br><b>2327 UNITY TREE DRIVE</b><br><b>EDGEWATER, FL 32141</b> <input checked="" type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>D</b><br><b>BLINT, MARGUERITE</b><br><b>20 FORE DRIVE</b><br><b>NEW SMYRNA BEACH, FL 32168</b> <input type="checkbox"/> Delete            |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                       | <input 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. |  |   |  |  |  |
| <b>SIGNATURE:</b> <u><i>Richard A. Didas</i></u> <b>RICHARD A. DIDAS</b> <b>2/16/07</b> <b>386-427-0027</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>  |  |   |  |  |  |

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02162007 Chg-NP CR2E037 (12/06)