


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90580 042 ****61.25

DOCUMENT # 734705 1. Entity Name GRACE MINISTRIES FOUNDATION, INC.					
Principal Place of Business 6110 OLD WATER OAK RD TALLAHASSEE, FL 32312 US			Mailing Address 6110 OLD WATER OAK RD TALLAHASSEE, FL 32312 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SIMPSON, ROBERT C PH.D 6110 OLD WATER OAK RD TALLAHASSEE, FL 32308-4529 32312				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing 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	PD SIMPSON, ROBERT C PHD		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	6110 OLD WATER OAK RD		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	TALLAHASSEE, FL 32312		STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP	<input type="checkbox"/> Delete		CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	STD SIMPSON, CONNIE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	6110 OLD WATER OAK RD.		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	TALLAHASSEE, FL 32312		STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP	<input type="checkbox"/> Delete		CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	D NABELL, BOB		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	442 LACEY WOODS CT		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	TALLAHASSEE, FL 32312		STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP	<input type="checkbox"/> Delete		CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<input type="checkbox"/> Delete		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	<input type="checkbox"/> Delete		STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP	<input type="checkbox"/> Delete		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 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:

4-10-05 850 668 9977