

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90346 031 ****61.25

DOCUMENT # 741019

1. Entity Name

CHURCH OF GRACE, INC.



Principal Place of Business

7075 SE C-25
P O BOX 1112
BELLEVIEW FL 32620
US

Mailing Address

P O BOX 1112
BELLEVIEW FL 32620
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1794255

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required



MOORE

CR2E037 (11/03)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCCULLOUGH, LAMAR
HIGHWAY 441 AND CANDLER ROAD
P O BOX 1112
BELLEVIEW FL 32620

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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 NAME	VD MCCULLOUGH, DANIEL	<input type="checkbox"/> Delete
STREET ADDRESS	6964 S. E 135 ST	
CITY-ST-ZIP	SUMMERFIELD FL	
TITLE NAME	TD MCCULLOUGH, DANIEL	<input type="checkbox"/> Delete
STREET ADDRESS	6964 S.E. 136 STREET	
CITY-ST-ZIP	SUMMERFIELD FL	
TITLE NAME	PD MCCULLOUGH, LAMAR	<input type="checkbox"/> Delete
STREET ADDRESS	1 CANDLER RD & ALT 441	
CITY-ST-ZIP	BELLEVIEW FL	
TITLE NAME	D HOLIDAY, LES	<input type="checkbox"/> Delete
STREET ADDRESS	6944 S.E. 135TH ST.	
CITY-ST-ZIP	SUMMERFIELD FL	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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: *Rev. Lamar McCullough* *Rev. Lamar McCullough* 4-28-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #