


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 14, 2007 8:00 am**  
**Secretary of State**

02-14-2007 90055 011 \*\*\*\*61.25

<b>DOCUMENT # 741019</b> 1. Entity Name <b>CHURCH OF GRACE, INC.</b>	
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Principal Place of Business <b>7045 SE HIGHWAY C 25 BELLEVIEW FL 34421 US</b>	Mailing Address <b>P O BOX 1112 BELLEVIEW FL 32620 US</b>
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E037 (10/06)

City & State Zip Country	City & State Zip Country
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4. FEI Number <b>59-1794255</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>MCCULLOUGH, LAMAR 7045 SE HIGHWAY C25 P O BOX 1112 BELLEVIEW FL 32620</b>	7. Name and Address of New Registered Agent Name <i>Rev. Lamar McCullough</i> Street Address (P.O. Box Number is Not Acceptable) <i>6946 SE 135 ST</i> City <i>Summerfield</i> <b>FL</b> Zip Code <i>34491</i>
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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 *Rev. Lamar McCullough* DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE	V MCCULLOUGH, DANNY <input type="checkbox"/> Delete STREET ADDRESS: 6964 S. E 135 ST CITY-ST-ZIP: SUMMERFIELD FL
TITLE	T HERNANDEZ, JOSE REV. <input type="checkbox"/> Delete STREET ADDRESS: 10032 SE 155TH STREET CITY-ST-ZIP: SUMMERFIELD FL 34421
TITLE	P MCCULLOUGH, LAMAR <i>REV.</i> <input type="checkbox"/> Delete STREET ADDRESS: <i>1 CANDLER RD &amp; ALT 441 6946 SE 135 ST</i> CITY-ST-ZIP: <i>BELLEVIEW FL Summerfield, Fla. 34491</i>
TITLE	T HOLIDAY, LES <input type="checkbox"/> Delete STREET ADDRESS: 6944 S.E. 135TH ST. CITY-ST-ZIP: SUMMERFIELD FL
TITLE	D WAITE, BOB <input type="checkbox"/> Delete STREET ADDRESS: 3501 S PINE AVENUE, #9 CITY-ST-ZIP: Ocala FL 34471
TITLE	S <input checked="" type="checkbox"/> Delete NAME: <i>ROBINSON, JIM</i> STREET ADDRESS: <i>1460 SE 135TH STREET</i> CITY-ST-ZIP: <i>SUMMERFIELD FL 34491</i>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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
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TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP
TITLE	NAME <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: <i>William A Marlin Jr</i> <i>691 NE 35 ST</i> <i>Ocala Fla. 3447</i>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Rev. Lamar McCullough*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: \_\_\_\_\_ Diverse Phone # \_\_\_\_\_