

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 23, 2008 8:00 am
Secretary of State

05-23-2008 90019 018 ****61.25

DOCUMENT # 742468

1. Entity Name

GRACE COMMUNITY CHURCH, SBC INC.



Principal Place of Business

7040 US 1 NORTH
ST. AUGUSTINE FL 32095

Mailing Address

7040 US 1 NORTH
ST. AUGUSTINE FL 32095
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
59-2948657

Applied For
☐ Not Applicable

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

1st MOORE CR2E037 (10/07)



6. Name and Address of Current Registered Agent

MARTIN, MARY W
7297 DOE RUN RD
SAINT AUGUSTINE, FL 32095

7. Name and Address of New Registered Agent

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

Mary W Martin

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

(NOTE: Registered Agent signature required when reinstating)

4/26/08

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	MARTIN, MARY W	
STREET ADDRESS	7297 DOE RUN RD.	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32095	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BANKS, CARMA	
STREET ADDRESS	6650 PONY LANE	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32095	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	SHIMP, REGAN	
STREET ADDRESS	3501 B NORTH PONCE DE LEON	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32084	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	MARTIN, MARY	
STREET ADDRESS	7297 DOE RUN ROAD	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32095	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DAVIS, JANICE	
STREET ADDRESS	410 KATNACK RD.	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32095	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIANNE BRANSON	
STREET ADDRESS	348 DUSTY ROAD	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32095	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #