## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

**DOCUMENT #743029** 

1. Entity Name

GRACE COMMUNITY CHURCH OF ORMOND BEACH, FLORIDA, INC.



Principal Place of Business

1060 W. GRANADA BLVD. ORMOND BEACH, FL 32174 Mailing Address

1060 W. GRANADA BLVD. ORMOND BEACH, FL 32174

US

FILED Jan 14, 2008 08:00 Al Secretary of State



01092008 No Chg-NP

CR2E037 (4/06)

4. FEI Number 59-1905936

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

ROBINSON, EVAN 105 BANYAN DRIVE ORMOND BEACH, FL 32176

## DO NOT WRITE IN THIS SPACE

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					
	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Finand Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRE	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HOWELL, EARL 52 BROOKWOOD DRIVE ORMOND BEACH, FL 32174				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBINSON. EVAN 105 BANYAN DR. ORMOND BEACH, FL 32176				U00000781714 01/15/08-80046-004 61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP TAYLOR, BRADLEY W 9 SANDY LAKE CIRCLE ORMOND BEACH, FL 32174			DO	NOT WRITE
NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADORESS CITY-ST-ZIP					
TITLE 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 Chapter 119, Florida Statutes. I further certify that the information					

12. Thereby certify that the information supplied with this filling 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.

SIGNATURE:

SIGNATURE AND THE DOR PRINTED NAME OF SIGNING OFFICER OR DIRECT

Bradley W. Taylor 1/09/

09/08 386-673-2409