2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT #751731 03-08-2006 90180 015 ****61.25 Entity Name GRACE BAPTIST CHURCH, INC. Principal Place of Business Mailing Address 3170 HOWLAND BLVD. 3170 HOWLAND BOULEVARD UUUWWWYY DELTONA, FL 32725 US DELTONA, FL 32725 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02242006 Chg-NP CR2E037 (11/05) 4. FEI Number 59-2058500 City & State City & State Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) BORING, FORREST M 601 STAFFORD SHIRE AVE. PO BOX 390235 DELTONA, FL 32725 De I tons Zip Code 22738 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. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2006 Added to Fee: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition DARROW, STEVEN J NAME NAME STREET ADDRESS 1918 BREWSTER DR STREET ADDRESS CITY-ST-ZIP DELTONA, FL 32738 CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition BORING, FORREST M NAME NAME 601 STAFFORDSHIRE AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DELTONA, FL 32738 CITY-ST-ZIP TITLE ☐ Delete Change Addition PROCK, LLOYD A NAME NAME 439 GREENEDGE DR STREET AODRESS STREET ADDRESS ORANGE CITY, FL 32763 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME ten stratton NAME STREET ADDRESS STREET ADDRESS 3075 utah De Itan CITY-ST-ZIP CITY+ST-ZIP 32738 TITLE - Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS 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 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. 3-41-06 SIGNATURE:

FILED

Mar 08, 2006 8:00 am