

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 28, 2005 8:00 am**  
**Secretary of State**

01-28-2005 90028 015 \*\*\*\*61.25

**DOCUMENT # 752058**

1. Entity Name

GRACE BIBLE CHURCH OF HOMOSASSA SPRINGS, INC.



Principal Place of Business

GREEN ACRES BLVD AT PINE ST  
P.O. BOX 1067  
HOMOSASSA SPRINGS FL 32647

Mailing Address

GREEN ACRES BLVD AT PINE ST  
P.O. BOX 1067  
HOMOSASSA SPRINGS FL 32647

30007030

2. Principal Place of Business

6382 W. Green Acres St.

3. Mailing Address

P.O. 1067

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HOMOSASSA, FL.

City & State

HOMOSASSA SPRING, FL.

4. FEI Number

59-1996100

Applied For

Not Applicable

Zip

34446

Country

FLORIDA

Zip

34447-1067

Country

CITRUS

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

KAREIS, WENCE  
98 W. BYRSONIMA LOOP  
HOMOSASSA FL 34446

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

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, 2005**

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	CD	<input type="checkbox"/> Delete
NAME	WALKER, JEFF	
STREET ADDRESS	4462 S SKYLARK TERR	
CITY-ST-ZIP	HOMOSASSA FL 34446	
TITLE	D	<input type="checkbox"/> Delete
NAME	MAUGHAN, NELSON	
STREET ADDRESS	44 CYPRESS BLVD	
CITY-ST-ZIP	HOMOSASSA FL 34446	
TITLE	VCD	<input type="checkbox"/> Delete
NAME	SANDERS, JIM	
STREET ADDRESS	137 DOUGLAS ST	
CITY-ST-ZIP	HOMOSASSA FL 34446	
TITLE	T	<input type="checkbox"/> Delete
NAME	KAREIS, WENCE	
STREET ADDRESS	98 W. BYRSONIMA LOOP	
CITY-ST-ZIP	HOMOSASSA FL 34446	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SANDERS, JIM	
STREET ADDRESS	137 DOUGLAS STREET	
CITY-ST-ZIP	HOMOSASSA FL 34446	
TITLE	D	<input type="checkbox"/> Delete
NAME	BUSH, LEONARD L JR	
STREET ADDRESS	17 VINCA ST	
CITY-ST-ZIP	HOMOSASSA FL 34446	

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 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	COCKING, JACK	
STREET ADDRESS	P.O. Box 448	
CITY-ST-ZIP	HOMOSASSA, FL. 34446	
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 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:** *Wence J. Kareis* (WENCE J. KAREIS) *1/21/05* *352-382-9503*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #