2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#756031

Entity Name: GRACE EPISCOPAL CHURCH, INC.

FILED Apr 19, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business

4110 S. RIDGEWOOD AVE. PO BOX 290245 PORT ORANGE, FL 32129 4110 S. RIDGEWOOD AVE. PORT ORANGE, FL 32129

Current Mailing Address: New Mailing Address:

4110 S. RIDGEWOOD AVE. PO BOX 290245 PORT ORANGE, FL 32129 4110 S. RIDGEWOOD AVE. PORT ORANGE, FL 32129

FEI Number: 59-1862198 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BUNKE, THE REV JEFF L
721 SLEEPY HOLLOW DR
PORT ORANGE, FL 32127 US

IVERSON, THE REV. MARLOWE
4110 S. RIDGEWOOD AVENUE
PORT ORANGE, FL 32127 US

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.

SIGNATURE: REV. MARLOWE IVERSON 04/19/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 SRW () Delete
 Title:

 Name:
 ORVIS, DIGHTON SWARDEN
 Name:

 Address:
 1387 HYDE PARK DRIVE
 Address:

 City-St-Zip:
 PORT ORANGE, FL 32128
 City-St-Zip:

 Title:
 T
 () Delete

 Name:
 KNUTELSKI, DONNA TREASUR

 Address:
 5784 WOODCLIFF ROAD

 City-St-Zip:
 PORT ORANGE, FL 32129

 Title:
 P
 () Delete

 Name:
 BUNKE, THE REV JEFF, L

 Address:
 721 SLEEPY HOLLOW DR

 City-St-Zip:
 PT ORANGE, FL

Title: O () Delete

Name: THOMPSON, MAGGIE BOARD Address: 707 KRISTINA COURT City-St-Zip: PORT ORANGE, FL 32127

Title: S () Delete

Name: BOHANNON, LINDA SECRETA Address: 161 LEISURE CIRCLE City-St-Zip: PORT ORANGE, FL 32127

Title: JRW () Delete
Name: VALDES, TERESA JRWARDE

Address: 1019 BELLFLOWER DRIVE
City-St-Zip: PORT ORANGE, FL 32127

Title: SRW (X) Change () Addition Name: WEST, ROBERT SWARDEN Address: 4201 MAYFAIR LANE City-St-Zip: PORT ORANGE, FL 32129

Title: T (X) Change () Addition
Name: LONGACRE, HAROLD TREASUR
Address: 5431 JAMES DRIVE
City-St-Zip: PORT ORANGE, FL 32127

Title: P (X) Change () Addition
Name: IVERSON, THE REV. MA, RLOWE
Address: 4110 S. RIDGEWOOD AVENUE
City-St-Zip: PT ORANGE, FL 32127

Title: () Change () Addition

City-St-Zip:

Title: () Change () Addition

Name: Address: City-St-Zip:

Name:

Address:

Title: () Change () Addition

Name: Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KIMBERLY MANSFIELD O 04/19/2007