2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2007 8:00 am
Secretary of State
01-11-2007 90058 048 *****8.75
02-07-2007 90034 032 ****52.50

DOCUMENT # 759854

1. Entity Name
GRACE ACADEMY, INC.

Principal Place of Business	Mailing Address
1060A WEST GRANADA BLVD. % GRACE BRETHEN CHURCH ORMOND BCH, FL 32174-5911	1060A WEST GRANADA BLVD. % GRACE BRETHEN CHURCH ORMOND BCH, FL 32174-5911

400103 93

01042007 No Chg-NP CR2E037 (4/06)

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4. FEI Number
59-2226924
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MUDREY, JAMES E
1060 A WEST GRANADA BLVD
ORMOND BEACH, FL 32174

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MUDREY, JAMES E
STREET ADDRESS	10 FOXBROW LOOK
CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	STD
NAME	MUDREY, JUDITH A
STREET ADDRESS	10 FOXBROW LOOK
CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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.

SIGNATURE: Dr. James E. Mudrey 1-4-07 386-673-5166
Signature and Typed or Printed Name of Individual Officer or Director — Date — Daytime Phone #

Dr. James E. Mudrey