


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 19, 2006 08:00 AM
Secretary of State

DOCUMENT # 760204			
1. Entity Name GRACE CHURCH OF THE FIRST BORN OF MIAMI, INC.			
Principal Place of Business 14900 N.E. 16 AVE. N. MIAMI BEACH FL 33161 US		Mailing Address P.O. BOX 640353 N. MIAMI FL 33164 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent BERKELL & BERKELL-RAFFERTY, P.A. 16100 N.E. 16TH AVENUE NORTH MIAMI BEACH FL 33162		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	
4. FEI Number 59-2147290 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____			
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PC HOFFENDEN, GARY A	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	911 NW 200 STREET	NAME	
STREET ADDRESS	MIAMI FL	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VP MCKENZIE, LUTHER	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	4000 NW 19 S ST	NAME	
STREET ADDRESS	MIAMI FL	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VD FENDERSON, CHARLES	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	3934 NW 19TH COURT	NAME	
STREET ADDRESS	SUNRISE FL 33313	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	TD SPAULDING, RUPERT H.	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	180 N.E. 164TH STREET	NAME	
STREET ADDRESS	MIAMI FL	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	SD HEMMINGS, GLORIA	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	20035 NW 12 PLACE	NAME	
STREET ADDRESS	MIAMI FL	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D PALMER, ROLYN P	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	4321 NW 12 ST.	NAME	
STREET ADDRESS	LAUDERHILL FL	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	



1st MOORE CR2E037 (10/05)

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CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Rupert Spaulding* **RUPERT SPAULDING** 4/14/2006 305-947-7