

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2007 8:00 am
Secretary of State

03-23-2007 90025 042 ****61.25

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03102007 Chg-NP CR2E037 (12/06)

DOCUMENT # 761994 1. Entity Name CHURCH OF GOD BY GRACE, INC.					
Principal Place of Business 1630 LEWIS GRIFFIN ROAD HIGHLAND PARK LAKE WALES, FL 33853 US			Mailing Address C/O MARTHA WIGGINS 623 S VERONA AVE AVON PARK, FL 33825-4145 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Zip Country			City & State Zip Country		
4. FEI Number 00-2050038			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent WIGGINS, MARTHA 623-VEORNA AVE AVON PARK, FL 33825			7. Name and Address of New Registered Agent Name WIGGINS, MARTHA Street Address (P.O. Box Number is Not Acceptable) 623 S. Verona Avenue City Avon Park FL Zip Code 33825		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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 NAME STREET ADDRESS CITY-ST-ZIP	VSD DAVIS, ROSIANNA 320 RAILROAD AVENUE HAINES CITY, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PM WIGGINS, MARTHA 623 SOUTH VERONA AVE. AVON PARK, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLEMAN, DEBRA R 4723 DARNELL DR. SEBRING, FL 33872	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODGERS, CATHERIN 309 7TH STREET DUNDEE, FL 33838	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCANTS, BRUCE C 516 BERKLEY POINT DRIVE AUBURNDAL, FL 33823	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODGERS, CATHERINE 309 7th Street DUNDEE, FL 33838	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCANTS, BRUCE C 516 BERKLEY POINT DRIVE AUBURNDAL, FL 33823	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCANTS, BRUCE C 516 BERKLEY POINT DRIVE AUBURNDAL, FL 33823	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: Debra R. Coleman <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3/12/07 (863) 382-7531 <small>Date Daytime Phone #</small>		