


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

**FILED**  
**Mar 21, 2006 8:00 am**  
**Secretary of State**

03-21-2006 90013 018 \*\*\*\*61.25

<b>DOCUMENT # 769378</b>			
1. Entity Name <b>THE GRACE BROTHERS CHURCH OF LAKELAND, INC.</b>			
Principal Place of Business <b>6410 LUNN ROAD (33811) LAKELAND FL 33811</b>		Mailing Address <b>6410 LUNN ROAD (33811) LAKELAND FL 33811</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/05)

4. FEI Number <b>NO-T APPLICABLE</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>
<b>KARNS, JEFFREY DEAN</b> <b>3906 E COUNTRY BEND</b> <b>LAKELAND FL 33811</b>		Name
		Street Address (P.O. Box Number is Not Acceptable)
		City <b>FL</b> 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 _____		DATE _____
<small>Signature, typed or printed name of registered agent and title if applicable</small>		<small>(NOTE: Registered Agent signature required when re-registering)</small>

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE <b>TD</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>Chairman / Director</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>KARNS, JEFFREY DEAN</b>		NAME <b>KARNS, JEFFREY DEAN</b>	
STREET ADDRESS <b>3906 E. COUNTRY BEND</b>		STREET ADDRESS <b>3906 E. COUNTRY BEND</b>	<b>CD</b>
CITY-ST-ZIP <b>LAKELAND FL 33881</b>		CITY-ST-ZIP <b>LAKELAND, FL 33881</b>	
TITLE <b>D</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>KUHNS, CHARLIE</b>		NAME	
STREET ADDRESS <b>1220 EASY STREET</b>		STREET ADDRESS	
CITY-ST-ZIP <b>LAKELAND FL 33811</b>		CITY-ST-ZIP	
TITLE <b>D</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>TREASURER</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>PUTNELL, CHARLIE</b>		NAME <b>DEBORAH FREETZ</b>	
STREET ADDRESS <b>11050 RED BIND DR</b>		STREET ADDRESS <b>5904 Timberwood DR.</b>	<b>T</b>
CITY-ST-ZIP <b>DADE CITY FL 33525</b>		CITY-ST-ZIP <b>LAKELAND, FL 33811</b>	
TITLE <b>D</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SCHUMACHER, ROBER</b>		NAME	
STREET ADDRESS <b>197 GOLF VIEW DR</b>		STREET ADDRESS	
CITY-ST-ZIP <b>AUBURNDALE FL 33823</b>		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Jeffrey Karns* **3-6-06 863 644-5440**