

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003289

FILED  
Apr 21, 2006  
Secretary of State

Entity Name: GRACE MUSIC, INC.

**Current Principal Place of Business:**

P.O. BOX 12357  
PENSACOLA, FL 32591

**New Principal Place of Business:**

**Current Mailing Address:**

P.O BOX 12357  
PENSACOLA, FL 32591

**New Mailing Address:**

FEI Number: 59-3652447

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FOLKERS, SPARKIE  
2 FAIRPOINT PLACE  
GULF BREEZE, FL 32561 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: BELL, JAMES R  
Address: 4040 SOUNDPOINTE DR.  
City-St-Zip: GULF BREEZE, FL 32561

Title: D ( ) Delete  
Name: REED, SHEILA  
Address: 3325 DUNNING DR.  
City-St-Zip: PACE, FL 32571

Title: D ( ) Delete  
Name: RAMOS, TAMELA  
Address: 11000 UNIVERSITY PKWY.  
City-St-Zip: PENSACOLA, FL 32514

Title: D ( ) Delete  
Name: FOLKERS, SPARKIE  
Address: 2 FAIRPOINT PL.  
City-St-Zip: GULF BREEZE, FL 32561

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: SPARKIE FOLKERS

D

04/21/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date