ANNUAL REPORT (AR)

DOCUMENT # N01000004731 **FILED** 1. Entity Name Feb 08, 2006 08:00 AM Secretary of State GRACE COMMUNITY CHURCH, INC. Principal Place of Business Mailing Address 2301 BRONCO DR 2415 CRANE COURT ST. CLOUD FL 34771 ST. CLOUD FL 34771 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State 4. FEI Number Applied For 59-3750648 Not Applicate Zio Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent AIKENS, ANDY B Street Address (P.O., Box Number is Not Acceptable) 6165 E. IRLO BRONSON MEMORIAL HIGHWAY ST. CLOUD FL 34771 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Florida Department of State Due By May 1, 2006. Trust Fund Contribution Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE ☐ Change U00000425103 AIKENS, ANDY B NAME NAME 02/18/06-80080-014 61.25 2301 BRONCO DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ST. CLOUD FL 34771 CITY-ST-ZIP THE Delete TITLE Change Addition MELVIN, SHANNON NAME 1431 WISCONSIN AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ST. CLOUD FL 34769 CHIY+SI-ZEP TITLE ☐ Dele<u>le</u> TITLE HEFFNER, LEE NAME NAME STREET ADDRESS 2991 BIRON ROAD STREET ADDRESS CITY-ST-ZIP ST. CLOUD FL 34772 CITY-ST-ZIP TITLE ☐ Delete MILE ☐ Change ☐ Addissin NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete □ Adiin Channe NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition 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 attractment with an address, with all other like empowered.

SIGNATURE:

V 2-6-05