


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 13, 2007 8:00 am**  
**Secretary of State**

02-13-2007 90010 023 \*\*\*\*61.25

**DOCUMENT # N01000004731**  
 1. Entity Name  
**GRACE COMMUNITY CHURCH, INC.**



Principal Place of Business      Mailing Address  
 2301 BRONCO DR      2415 CRANE COURT  
 ST. CLOUD FL 34771      ST. CLOUD FL 34771



1st MOORE      CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State  
 Zip      Country      Zip      Country

4. FEI Number      Applied For  
**59-3750648**      Not Applicable  
 5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
**AIKENS, ANDY B**  
~~6165 E. IRLO BRONSON MEMORIAL HIGHWAY-~~  
**ST. CLOUD FL 34771**

**7. Name and Address of New Registered Agent**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**2301 BRONCO DRIVE**  
 City      **FL**      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: *[Signature]*  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering) DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY ST / ZIP	<input type="checkbox"/> Delete
PT	AIKENS, ANDY B	2301 BRONCO DRIVE	ST. CLOUD FL 34771	<input type="checkbox"/>
ST	MELVIN, SHANNON	1431 WISCONSIN AVENUE	ST. CLOUD FL 34769	<input checked="" type="checkbox"/>
TT	HEFFNER, LEE	2301 BRONCO ROAD	ST. CLOUD FL 34772	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	NAME	STREET ADDRESS	CITY ST / ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	D Mike Downey	302 MASSACHUSETTS AVE	ST. CLOUD, FL 34769	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	D Dave Guell	4259 CHIMBING ASTER COURT	ST. CLOUD, FL 34772	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	D Monroe Smith	6580 BAY SHORE DR.	ST. CLOUD, FL 34771	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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: *[Signature]*      Date: **2/7/07**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Daytime Phone #