

# 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  
ST. CLOUD FL 34771

2415 CRANE COURT  
ST. CLOUD FL 34771



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

59-3750648

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E037 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AIKENS, ANDY B  
~~6165 E. IRLO BRONSON MEMORIAL HIGHWAY~~  
ST. CLOUD FL 34771

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, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PT ☐ Delete  
NAME AIKENS, ANDY B  
STREET ADDRESS 2301 BRONCO DRIVE  
CITY ST / ZIP ST. CLOUD FL 34771

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY ST / ZIP

TITLE ST ☒ Delete  
NAME MELVIN, SHANNON  
STREET ADDRESS 1431 WISCONSIN AVENUE  
CITY ST / ZIP ST. CLOUD FL 34769

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY ST / ZIP

TITLE TT ☐ Delete  
NAME HEFFNER, LEE  
STREET ADDRESS 2991 BIRCH ROAD  
CITY ST / ZIP ST. CLOUD FL 34772

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY ST / ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY ST / ZIP

TITLE ☐ Change ☒ Addition  
NAME Mike Downey  
STREET ADDRESS 302 MASSACHUSETTS AVE  
CITY ST / ZIP ST. CLOUD, FL 34769

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY ST / ZIP

TITLE ☐ Change ☒ Addition  
NAME DAVE GUILL  
STREET ADDRESS 4259 CHIMBING ASTER COURT  
CITY ST / ZIP ST. CLOUD, FL 34772

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY ST / ZIP

TITLE ☐ Change ☒ Addition  
NAME MONROE Smith  
STREET ADDRESS 6580 BAY SHORE DR.  
CITY ST / ZIP ST. CLOUD, FL 34771

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/7/07