


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 17, 2008 8:00 am
Secretary of State

07-17-2008 90062 019 ****61.25

DOCUMENT # N01000004731

1. Entity Name
GRACE COMMUNITY CHURCH, INC.



Principal Place of Business
**2301 BRONCO DR
 ST. CLOUD, FL 34771**

Mailing Address
**2415 CRANE COURT
 ST. CLOUD, FL 34771**

40111500



2. Principal Place of Business - No P.O. Box #
5501 E IRL0 BRANSON HWY

3. Mailing Address
5501 E IRL0 BRANSON HWY

Suite, Apt. #, etc.

07072008 Chg-NP CR2E037 (12/06)

City & State
St. Cloud, FL

City & State
St. Cloud, FL

Zip
34771

Country

4. FEI Number
59-3750648

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent
**AIKENS, ANDY B
 2301 BRONCO DR.
 ST. CLOUD, FL 34771**

5. Certificate of Status Desired **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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 Andy B. Aikens, Pastor Andy B. Aikens 7-14-08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

**Filing Fee is \$61.25
 Due by September 12, 2008**

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	PT AIKENS, ANDY B 2301 BRONCO DRIVE ST. CLOUD, FL 34771 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TT HEFFNER, LEE 2991 BIRON ROAD ST. CLOUD, FL 34772 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DOWNEY, MIKE 302 MASSACHUSETTS AVE. SAINT CLOUD, FL 34769 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GUELL, DAVE 4259 CLIMBING ASTER CT. SAINT CLOUD, FL 34772 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MONROE, SMITH 6580 BAY SHORE DR. SAINT CLOUD, FL 34771 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Andy B. Aikens, Pastor Andy B. Aikens 7/14/08 407-892-9777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #