



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		
2. Principal Place of Business - No P.O. Box # 5501 E Irlo Bronson Hwy Suite, Apt. #, etc.		3. Mailing Address 5501 E IRLO BRONSON HWY Suite, Apt. #, etc.		40111500 	
City & State St. Cloud, FL		City & State St. Cloud, FL		4. FEI Number 59-3750648	
Zip 34771		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent AIKENS, ANDY B 2301 BRONCO DR. ST. CLOUD, FL 34771				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 <u><i>Andy B. Aikens</i></u> <u>Pastor</u> <u>Andy B. Aikens</u> <u>7-14-08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY - ST - ZIP	PT AIKENS, ANDY B 2301 BRONCO DRIVE ST. CLOUD, FL 34771		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TT HEFFNER, LEE 2991 BIRON ROAD ST. CLOUD, FL 34772		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DOWNEY, MIKE 302 MASSACHUSETTS AVE. SAINT CLOUD, FL 34769		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GUELL, DAVE 4259 CLIMBING ASTER CT. SAINT CLOUD, FL 34772		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MONROE, SMITH 6580 BAY SHORE DR. SAINT CLOUD, FL 34771		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"/> Delete		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: <u><i>Andy B. Aikens</i></u> <u>Pastor</u> <u>Andy B. Aikens</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>7/14/08</u> <small>Date</small>		<u>407-892-9777</u> <small>Daytime Phone #</small>