

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 18, 2008 8:00 am**  
**Secretary of State**

04-18-2008 90030 008 \*\*\*\*61.25



**DOCUMENT # N01000005343**  
 1. Entity Name  
**GRACE COMMUNITY CHURCH OF WEST HERNANDO, INC.**

Principal Place of Business Mailing Address  
**2250 OSOWAW BLVD. PO BOX 3187**  
**HERMANDO BEACH FL 34607 SPRING HILL FL 34611**



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

1st MOORE CR2E037 (10/07)

4. FEI Number **36-4498180** Applied For  
 No: Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**CHICHESTER, ELIZABETH**  
**13127 SPRING HILL DR**  
**SPRING HILL FL 34609**

7. Name and Address of New Registered Agent  
 Name **Eugene Whitenight (D)**  
 Street Address (P.O. Box Number is Not Applicable)  
**1463 Overland Dr.**  
 City **Spring Hill** FL Zip Code **34608**

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 **Eugene Whitenight** *Eugene Whitenight* **3/31/08**  
Signature, typed or printed name (typed name required when applicable) (NOTE: Registered Agent signature required when resigning) DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 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	<b>DRA</b> <b>CHICHESTER, ELIZABETH</b> <b>3201 SPANISH BAYONET DR</b> <b>HERANDO BEACH FL 34607</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WHITENIGHT, EUGENE</b> <b>1463 OVERLAND DR</b> <b>SPRING HILL FL 34608</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD</b> <b>RUPE, DOROTHY</b> <b>18504 WATER LILY LANE</b> <b>HUDSON FL 34667</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT</b> <b>JACKSON, JULIA</b> <b>5104 CARNATION CT.</b> <b>WEEKI WACHEE FL 34607</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BERGET, WANDA</b> <b>12243 PITCARIN ST.</b> <b>BROOKSVILLE FL 34613</b> <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
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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 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: *Julia A. Jackson* **Julia A. Jackson, Treasurer** **3/31/08**