

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007253

FILED  
Apr 30, 2007  
Secretary of State

Entity Name: GOD'S GRACE FELLOWSHIP CORPORATION

**Current Principal Place of Business:**

693 IXORA DRIVE  
MELBOURNE, FL 32935

**New Principal Place of Business:**

**Current Mailing Address:**

693 IXORA DRIVE  
MELBOURNE, FL 32935

**New Mailing Address:**

FEI Number: 59-3749770

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

ROSSI, STEVEN A  
693 IXORA DRIVE  
MELBOURNE, FL 32935 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: C/P ( ) Delete  
Name: ROSSI, STEVEN A  
Address: 693 IXORA DRIVE  
City-St-Zip: MELBOURNE, FL 32935

Title: D/V ( ) Delete  
Name: ROSSI, TERRI L  
Address: 693 IXORA DRIVE  
City-St-Zip: MELBOURNE, FL 32935

Title: S/T ( ) Delete  
Name: ROTHSCHILD, DELORES  
Address: 945 BELL STREET  
City-St-Zip: MELBOURNE, FL 32935

Title: TR ( ) Delete  
Name: ROTHSCHILD, BENJAMIN  
Address: 945 BELL STREET  
City-St-Zip: MELBOURNE, FL 32935

Title: TR ( ) Delete  
Name: MILLER, BARBARA  
Address: 2593 SADLER LANE  
City-St-Zip: MELBOURNE, FL 32935

Title: TR (X) Delete  
Name: BERRY, DARRELL J  
Address: 1074 CITRUS AVENUE NE  
City-St-Zip: PAL BAY, FL 32905

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TERRI L. ROSSI

D/V

04/30/2007

Electronic Signature of Signing Officer or Director

Date