

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 05, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N02000002120**

1. Entity Name  
GRACE COMMUNITY CHURCH OF MOSSY HEAD, FL.,  
INC.



Principal Place of Business  
1287 LAIRD ROAD  
CRESTVIEW, FL 32539 US

Mailing Address  
1287 LAIRD ROAD  
CRESTVIEW, FL 32539 US



02082004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 04-3660985	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**6. Name and Address of Current Registered Agent**

DUFFEY, TIM H  
1431 LAIRD ROAD  
CRESTVIEW, FL 32539

**DO NOT WRITE  
IN THIS SPACE**

6. 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 reinstalling)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT DUFFEY, TIM H 1431 LAIRD ROAD CRESTVIEW, FL 32539
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT BREWER, JIM 1641 CROWDER CHAPEL ROAD CRESTVIEW, FL 32539
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S PATRICK, GINNIE 126 LEISURE LAKE ROAD DEFUNIAK SPRINGS, FL 32433
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TT BREWER, MALINDA 1641 CROWDER CHAPEL ROAD CRESTVIEW, FL 32539
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000101124  
04/05/04-80085-010 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**

*Malinda Brewer* Malinda Brewer

Mar 21, 2004

850-892-9052

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #