


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 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
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04122005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-3660985	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DUFFEY, TIM H 1431 LAIRD ROAD CRESTVIEW, FL 32539

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

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

U000000311907
04/18/05-80062-023 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 12 Apr 05 850-892-9052
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #