

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91062 014 ****61.25

DOCUMENT # N02000002610

1. Entity Name

SHADES OF GRACE CITYWIDE CHURCH, INC.



Principal Place of Business

180 SUNSET DRIVE
WINTER HAVEN FL 33881

Mailing Address

180 SUNSET DRIVE
WINTER HAVEN FL 33881

94082687



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

01-0662755

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MAYNARD, ROBERT F JR.
180 SUNSET DRIVE
WINTER HAVEN FL 33881

Name: Robert F. Maynard Jr.
Street Address (P.O. Box Number is Not Acceptable)
130 Sugarcreek Dr.
WINTER HAVEN, FL.
City: FL Zip Code: 33881

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

Robert F. Maynard Jr.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/28/04

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: D ☐ Delete
NAME: MAYNARD, ROBERT F JR.
STREET ADDRESS: 180 SUNSET DRIVE
CITY-ST-ZIP: WINTER HAVEN FL 33881

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: D ☐ Delete
NAME: OWENS, MIKE
STREET ADDRESS: 815 29TH STREET NORTHWEST
CITY-ST-ZIP: WINTER HAVEN FL 33881

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: D ☐ Delete
NAME: OWENS, TANYA
STREET ADDRESS: 815 29TH STREET NORTHWEST
CITY-ST-ZIP: WINTER HAVEN FL 33881

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
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TITLE: ☐ Delete
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TITLE: ☐ Delete
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STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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:

Tonia Owens

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/04 (863) 967-8777

Date Daytime Phone #