


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 23, 2007 08:00 A
Secretary of State

DOCUMENT # N02000002610 1. Entity Name SHADES OF GRACE CITYWIDE CHURCH, INC.	
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Principal Place of Business 70 FLORIDA CITRUS BLVD WINTER HAVEN, FL 33880	Mailing Address P.O. BOX 659 AUBURNDAL, FL 33823
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01292007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 01-0662755	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

MAYNARD, ROBERT F JR.
130 SUGARCREEK DR
WINTER HAVEN, FL 33881

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 Angela Godwin (NOTE: Registered Agent signature required when reinstating) DATE 5/20/07

**Filing Fee is \$61.25
Due by May 1, 2007**

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	D MAYNARD, ROBERT F JR. 130 SUGAR CREEK RD. WINTER HAVEN, FL 33880
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SF GODWIN, ANGIE P.O. BOX 232 HOMELAND, FL 33847
TITLE NAME STREET ADDRESS CITY-ST-ZIP	F HOUCIN, ERNEST 3000 THORNHILL RD WINTER HAVEN, FL 33880
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05/31/07-80035-003 61.25

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Angela Godwin DATE 5/20/07 DAYTIME PHONE # 534-7453

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR