2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2006 8:00 am
Secretary of State
04-13-2006 90301 009 ****61.25

DOCUMENT # N02000003540

1. Entity Name

CHRISTIAN'S CHURCH BY GRACE, INC.

Principal Place of Business	Mailing Address
502 NW 7TH TERR FT LAUDERDALE FL 33311	1151 NE 16 CT #3 FT LAUDERDALE FL 33305

1st MOORE CR2E037 (10/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 04-3691668 ☐ Applied For ☐ Not Applicable

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
TERNIVAL, JEAN W 1151 NE 16TH CT #3 FT LAUDERDALE FL 33305	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25
Due By May 1, 2006

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P TERNIVAL, JEAN W 502 NW 7TH TERR FT LAUDERDALE FL 33311	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V TERNIVAL, MARIE M 502 NW 7TH TERR FT LAUDERDALE FL 33311	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~S~~ ~~CADET, PATRICIA~~ ~~921 NORTHWEST 2 AVENUE SUITE 1~~ ~~FORT LAUDERDALE FL 33311~~	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~D~~ ~~ARNEY, DAWN M~~ ~~6370 NE 5 TERR. #7106~~ ~~POMPANO BEACH FL 33064~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DAWN ARREY 11518 ROYAL PALM BLVD CORAL SPRINGS FL 33065 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~S~~ MILLER, LISA H ~~6340 NE 5 TERR. #4110~~ ~~POMPANO BEACH FL 33064~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S LISA MILLER 190 SW 10 ST. DEERFIELD BCH. FL 33441 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Jean W. TERNIVAL 04-25-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #