

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 13, 2008 8:00 am**  
**Secretary of State**

03-13-2008 90028 048 \*\*\*\*61.25

**DOCUMENT # N02000003540**

1. Entity Name

CHRISTIAN'S CHURCH BY GRACE, INC.



Principal Place of Business

1464 SW 12 AVE  
POMPANO BEACH FL 33060

Mailing Address

1151 NE 16 CT #3  
FT LAUDERDALE FL 33305

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

14621 NE 6 AVE  
DADELAND PARK, FL  
City & State

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

33334

Country

U.S.A

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2008**

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

TITLE	P	<input type="checkbox"/> Delete
NAME	TERNIVAL, JEAN W	
STREET ADDRESS	502 NW 7TH TERR	
CITY- ST- ZIP	FT LAUDERDALE FL 33311	
TITLE	V	<input type="checkbox"/> Delete
NAME	TERNIVAL, MARIE M	
STREET ADDRESS	502 NW 7TH TERR	
CITY- ST- ZIP	FT LAUDERDALE FL 33311	
TITLE	D	<input type="checkbox"/> Delete
NAME	ARREY, DAWN M	
STREET ADDRESS	221 NW 46 CT	
CITY- ST- ZIP	POMPANO BEACH FL 33064	
TITLE	S	<input type="checkbox"/> Delete
NAME	MILLER, LISA H	
STREET ADDRESS	190 SW 10TH ST	
CITY- ST- ZIP	DEERFIELD BEACH FL 33441	
TITLE	D	<input type="checkbox"/> Delete
NAME	AUGUSTE, JOSEPH	
STREET ADDRESS	2806 NW 5TH CT	
CITY- ST- ZIP	FORT LAUDERDALE FL 33313	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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: *Rev. TERNIVAL JEAN W* 3-4-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #