

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 27, 2007 8:00 am**  
**Secretary of State**

02-27-2007 90001 005 \*\*\*\*70.00

**DOCUMENT # N02000007987**

1. Entity Name  
**GRACE HARBOR MINISTRIES, INC.**



Principal Place of Business  
1686 S. E. BAYA DRIVE  
SUITE 101  
LAKE CITY, FL 32024

Mailing Address  
1295 N.W. ASHLEY ST.  
LAKE CITY, FL 32055

**40025199**



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02232007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
01-0586274

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

JOHNS, DAWN L PASTOR  
1295 N.W. ASHLEY STREET  
LAKE CITY, FL 32055

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 registering)

DATE

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

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 D VP ☐ Delete  
NAME JOHNS, DONALD  
STREET ADDRESS 1295 N.W. ASHLEY STREET  
CITY-ST-ZIP LAKE CITY, FL 32055

TITLE D P ☐ Delete  
NAME JOHNS, DAWN  
STREET ADDRESS 1295 N.W. ASHLEY STREET  
CITY-ST-ZIP LAKE CITY, FL 32055

TITLE D ☐ Delete  
NAME NASH, ROBERT  
STREET ADDRESS ROUTE 17 BOX 953  
CITY-ST-ZIP LAKE CITY, FL 32055

TITLE D T ☐ Delete  
NAME JOHNS, SARAH  
STREET ADDRESS 1210 NW DALIAN LN  
CITY-ST-ZIP LAKE CITY, FL 32055

TITLE D ☐ Delete  
NAME NASH, DARLENE  
STREET ADDRESS RT 17 BOX 953  
CITY-ST-ZIP LAKE CITY, FL 32055

TITLE D ☐ Delete  
NAME JOHNS, TED  
STREET ADDRESS 1210 NW DALIAN LANE  
CITY-ST-ZIP LAKE CITY, FL 32055

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☒ Change ☐ Addition  
NAME Donald Johns  
STREET ADDRESS 1295 NW Ashley St.  
CITY-ST-ZIP Lake City, FL 32055

TITLE V/S ☐ Change ☒ Addition  
NAME Patricia Benefield  
STREET ADDRESS 116 NW Scott Glen  
CITY-ST-ZIP Lake City, FL 32055

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

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

TITLE ☐ Change ☐ Addition  
NAME  
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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Dawn L. Johns* 2/23/07 (386) 752-9459

Date

Daytime Phone #