2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # N02000009408

1. Entity Name
GRACE FELLOWSHIP OF FLORIDA, INC.

Principal Place of Business
217 PALMETTO STREET
AUBURNDALE, FL 33823-1141

Mailing Address
P. O. BOX 1141
AUBURNDALE, FL 33823-1141

DO NOT WRITE IN THIS SPACE

01102005 No Chg-NP CR2E037 (10/03)

4. FEI Number
04-3730167

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

VANDERPOOL, WILLIAM
4898 LAKE JULIANA RESERVE
AUBURNDALE, FL 33823

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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

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	VANDERPOOL, WILLIAM
STREET ADDRESS	P. O. BOX 1141
CITY ST ZIP	AUBURNDALE, FL 338231141
TITLE	SD
NAME	VANDERPOOL, KIMBERLY
STREET ADDRESS	P. O. BOX 1141
CITY ST ZIP	AUBURNDALE, FL 338231141
TITLE	D
NAME	MINNIS, KEVIN
STREET ADDRESS	P. O. BOX 1141
CITY ST ZIP	AUBURNDALE, FL 338231141
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

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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: William Vanderpool 1/10/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

William Vanderpool, PD