2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2011
Secretary of State

DOCUMENT# N02000009465

Entity Name: GRACE FELLOWSHIP OF FOUR CORNERS, INC.

Current Principal Place of Business:

101 POLO PARK STREET
SUITE 5-C
DAVENPORT, FL 33897

New Principal Place of Business:

Current Mailing Address:

% P.O. BOX 135096
CLERMONT, FL 34713

New Mailing Address:

FEI Number: 42-1569597 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SARTIN, MARK D DR.
5500 LOMA VISTA LOOP
CHAMPIONS GATE, FL 33896 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD
Name: SARTIN, MARK DR.
Address: 5500 LOMA VISTA LOOP
City-St-Zip: CHAMPIONS GATE, FL 33896

Title: D
Name: ROACH, SEAN MR.
Address: 226 SOUTH 1ST
City-St-Zip: HAINES CITY, FL 33844

Title: D
Name: DIAL, SHEILA MRS.
Address: 3049 TABAGO AVE.
City-St-Zip: CLERMONT, FL 34711

Title: D
Name: TURLINGTON, STAN MR.
Address: PO BOX 2256
City-St-Zip: DAVENPORT, FL 33837

Title: D
Name: ROBINSON, HOLLIS DR.
Address: 6 HIDEAWAY LANE
City-St-Zip: WINTER HAVEN, FL 33881

Title: D
Name: FERRIS, PHYLLIS MRS.
Address: 403 ROYAL STREET
City-St-Zip: MINNEOLA, FL 34715

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DONALD S. SEIFORD SR. MR. 04/10/2011

Electronic Signature of Signing Officer or Director — Date