2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009465

FILED Apr 18, 2012 Secretary of State

Entity Name: GRACE FELLOWSHIP OF FOUR CORNERS, INC.

Current Principal Place of Business: New Principal Place of Business:

101 POLO PARK STREET 5500 LOMA VISTA LOOP SUITE 5-C DAVENPORT, FL 33896 DAVENPORT, FL 33897

Current Mailing Address: New Mailing Address:

% P.O. BOX 135096 CLERMONT, FL 34713

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

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: MURPHY, LATHAN MR. Address: 144 NEVADA COURT City-St-Zip: DAVENPORT, FL 33837

Title:

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

Title: D

Name: MACINTOSH, ROBIN MS Address: 144 NEVADA COURT City-St-Zip: DAVENPORT, FL 33837

Title:

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

Title:

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: DR. MARK D SARTIN PD 04/18/2012