

**2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Aug 29, 2012**  
**Secretary of State**

DOCUMENT# N02000009465

**Entity Name:** GRACE FELLOWSHIP OF FOUR CORNERS, INC.**Current Principal Place of Business:**5500 LOMA VISTA LOOP  
DAVENPORT, FL 33896**New Principal Place of Business:**6 HIDEAWAY LANE  
WINTER HAVEN, FL 33881**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 ( )****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:**SARTIN, MARK D DR.  
6 HIDEAWAY LANE  
WINTER HAVEN, FL 33881 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: \_\_\_\_\_

08/29/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: SARTIN, MARK DR.  
Address: 6 HIDEAWAY LANE  
City-St-Zip: WINTER HAVEN, FL 33881

Title: D  
Name: SARTIN, MYRON REV.  
Address: 3407 GATOR BAY CREEK BLVD  
City-St-Zip: ST. CLOUD, FL 34772

Title: S/T  
Name: MACINTOSH, ROBIN MISS  
Address: 232 PIANO LANE  
City-St-Zip: DAVENPORT, FL 33896

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

Title: D  
Name: ROBINSON, HOLLIS DR.  
Address: 18775 S. E. COUNTY RD. 137  
City-St-Zip: WHITE SPRINGS, FL 32096

Title: D  
Name: ROWE, MELMOTH  
Address: 8816 KENSINGTON CT  
City-St-Zip: KISSIMMEE, FL 34747

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

08/29/2012

Electronic Signature of Signing Officer or Director

Date