


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 06, 2006 8:00 am
Secretary of State

06-19-2006 90002 031 ****70.00

DOCUMENT # N02000009919

1. Entity Name
GRACE EVANGELICAL BAPTIST CHURCH, INC.



Principal Place of Business
**2047 NE 151 STREET
 NORTH MIAMI FL 33162**

Mailing Address
**1314 NE 183 ST
 NORTH MIAMI BEACH FL 33162**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent
**ST. LOUIS, JACQUES
 1314 NE 183 ST
 NORTH MIAMI BEACH FL 33162**

4. FEI Number **55-0811731** Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

66021380



1st MOORE CR2E037 (10/05)

7. Name and Address of New Registered Agent
 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 _____ DATE _____
Signature, typed or printed name of registered agent and fee # application (NOTE: Registered Agent signature required when returning)

**FILE NOW: FEE IS \$61.25
 Due By May 1, 2006**

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	T1	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PETIT-HOMME, GLADYS		NAME		
STREET ADDRESS	85 NE 171 STREET		STREET ADDRESS		
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33162		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ORESTE, AUGUSTIN		NAME		
STREET ADDRESS	1671 NE 146TH STREET		STREET ADDRESS		
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33161		CITY-ST-ZIP		
TITLE	BP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SAINT-LOUIS, JACQUES F REV		NAME		
STREET ADDRESS	1314 NE 183RD ST		STREET ADDRESS		
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33162		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	VALEUR, LINDA		NAME		
STREET ADDRESS	42 NW 70TH STREET		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33150		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: J. Louis B.P. 06/30/2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #