

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

FILED
Aug 17, 2007 8:00 am
Secretary of State

08-17-2007 90030 031 ****70.00

DOCUMENT # **NO2000009919**

1. Entity Name
GRACE Evangelical Baptist Church, Inc.

DO NOT WRITE IN THIS SPACE



40129470

CR2E037B (8/05)

2. Principal Place of Business
2047 NE 151 Street

3. Mailing Address
1314 NE 183rd St.

City & State
North Miami Beach, FL

City & State
North Miami Beach, FL

Zip
33162

Country
DADE

Zip
33179

Country
DADE

4. FEI Number
55-0811731

Applied For
☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
Rev. Jacques F. Saint-Louis

Street Address (P.O. Box Number is Not Acceptable)
1314 NE 183rd Street

City
N. Miami Beach, FL

Zip Code
33179

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 _____ (NOTE: Registered Agent signature required when reinstating)

DATE _____

FEE IS \$61.25
Initial or Amended AR

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

| | | | |
|--|---|--|-----------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Rev. Jacques F. SAINT-LOUIS 1314 N.E. 183rd Street- N. Miami Beach, FL 33179-President | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Mrs. Linda Valeur 42 NW 70th Street- Miami, FL 33150-Secretary | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Mrs. Gladys Petit-Homme 85 NE 17th Street- North Miami Beach, FL 33162-President | 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 on an attachment with an address, with an other like empowered.

SIGNATURE: **JACQUES F. SAINT-LOUIS** **07/30/2007** **(305) 709-2542 x106**