

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02320

FILED
Apr 27, 2008
Secretary of State

Entity Name: GRACE CHRISTIAN CENTER, INC.

Current Principal Place of Business:

3301 N 72ND AVE
HOLLYWOOD, FL 33024 US

New Principal Place of Business:

Current Mailing Address:

15068 SW 10 ST
SUNRISE, FL 33326

New Mailing Address:

FEI Number: 59-2412635

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

RISI, RICHARD D PD
15068 SW 10 ST.
SUNRISE, FL 33326 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 () Delete
Name: RISI, RICHARD D PD
Address: 15068 SW 10 ST
City-St-Zip: SUNRISE, FL 33326 US

Title: VD () Delete
Name: RISI, PATRICE L VD
Address: 15068 SW 10 ST
City-St-Zip: SUNRISE, FL 33326 US

Title: STD () Delete
Name: RISI, ANTHONY J STD
Address: 4637 NW 45TH COURT
City-St-Zip: TAMARAC, FL 33319 US

Title: D () Delete
Name: POETSCHKE, MARY B D
Address: 1591 NW 182ND TERRACE
City-St-Zip: PEMBROKE PINES, FL 33029 US

Title: D () Delete
Name: POETSCHKE, SHERRY D
Address: 1591 NW 182ND TERRACE
City-St-Zip: PEMBROKE PINES, FL 33029 US

Title: D () Delete
Name: CASTRO, SANDRA
Address: 11380 WAYNE DRIVE
City-St-Zip: COOPER CITY, FL 33026 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: RICHARD D RISI, PD

PD

04/27/2008

Electronic Signature of Signing Officer or Director

Date