2[redacted] NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2006 08:00 AM
Secretary of State

DOCUMENT # N02647

1. Entity Name
GULFVIEW GRACE BRETHREN CHURCH, INC.

Principal Place of Business	Mailing Address
% JAMES L. POYNER 6639 HAMMOCK ROAD, WEST PORT RICHEY, FL 34668	% JAMES L. POYNER 6639 HAMMOCK ROAD, WEST PORT RICHEY, FL 34668

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01052006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-2399459
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

POYNER, JAMES L.
6639 HAMMOCK ROAD, WEST
PORT RICHEY, FL 34668

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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 _____ U00000381812
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 01/11/06-80470-021 61.25

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	POYNER, REV. JAMES L.
STREET ADDRESS	10934 PEPPERTREE LANE
CITY-ST-ZIP	PORT RICHEY, FL
TITLE	VD
NAME	MILLER, LOGAN J.
STREET ADDRESS	7629 CESSNA DR.
CITY-ST-ZIP	NEW PORT RICHEY, FL
TITLE	SD
NAME	SHANE, EVELYN
STREET ADDRESS	6735 HAMMOCK RD. LOT 28
CITY-ST-ZIP	PORT RICHEY, FL
TITLE	T
NAME	GIBBS, RUTH
STREET ADDRESS	11124 PINE TREE LANE
CITY-ST-ZIP	PORT RICHEY, FL 34668
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 exemptions contained 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 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: Rev James L Poyner Jan 5, 2006 (727)862-7777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #