

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 24, 2006 08:00 AM
Secretary of State

DOCUMENT # N03000000595

1. Entity Name
GRACE CHAPEL OF SANFORD, INC.



Principal Place of Business
**1668 WINDY BLUFF POINT
LONGWOOD, FL 32750**

Mailing Address
**1668 WINDY BLUFF POINT
LONGWOOD, FL 32750**



02152006 No Chg-NP CR2E037 (11/05)

4. FEI Number
37-1455920

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**JONES, ROBERT
609 CASA MARINA PLACE
SANFORD, FL 32771**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

**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	D
NAME	CAMPBELL, JOHN
STREET ADDRESS	5891 POND PINE POINT
CITY-ST-ZIP	OVIEDO, FL 32765
TITLE	D
NAME	WHITE, MIKE
STREET ADDRESS	114 BRISTOL FOREST TRAIL
CITY-ST-ZIP	SANFORD, FL 32771
TITLE	D
NAME	WHITE, IAN
STREET ADDRESS	1668 WINDY BLUFF POINT
CITY-ST-ZIP	LONGWOOD, FL 32750
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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03/07/06-80029-022 61.25

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:

IAN WHITE **IAN WHITE**

2-18-06, 407-834-2373

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #