

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90058 031 ****61.25

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**

40061744



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03072007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
37-1455920

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name **ROBERT E JONES**
Street Address (P.O. Box Number is Not Acceptable)
354 CARANA VIEW WAY
City **SANFORD** FL Zip Code **32771**

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 reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

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 ☐ Delete
NAME **D CAMPBELL, JOHN**
STREET ADDRESS **5691 POND PINE POINT**
CITY - ST - ZIP **OVIEDO, FL 32765**

TITLE ☐ Delete
NAME **D WHITE, MIKE**
STREET ADDRESS **114 BRISTOL FOREST TRAIL**
CITY - ST - ZIP **SANFORD, FL 32771**

TITLE ☐ Delete
NAME **D WHITE, IAN**
STREET ADDRESS **1668 WINDY BLUFF POINT**
CITY - ST - ZIP **LONGWOOD, FL 32750**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
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: *Ian White* **IAN WHITE** **3-9-07** **407-834-2373**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #