2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 07, 2005 8:00 am Secretary of State

DOCUMENT # N0300004050 1. Entity Name THE CHURCH OF ABOUNDING GRACE, INC.				01-07-2005 90013 008 ****61.25
Principal Place 16895 CREST WESTON, FL	TVIEW LANE	Mailing Address 16895 CRESTVIEW LAN WESTON, FL 33326	E	
13459	ace of Business Breberry Rd.	3. Mailing Address	.nris€ Blv	rd.
Suite, Apt.	#, etc.	12フ1フ W. Su Suite, Apt. #, etc. 世	378	01042005 Chg-NP CR2E037 (10/03)
City & State		City & State Sunrise	Fl	4. FEI Number Applied For 90-0083638 Not Applicable
-Zip	Country	Zip 33323	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
	6. Name and Address of Current			7. Name and Address of New Registered Agent
WAGNER, JOHN J 16895 CRESTVIEW LANE WESTON, FL 33326 Name Street Address 1.3				et Address (P.O. Box Number is Not Acceptable) Rd
	s ,		City	Pellinoton FL Zip Code 38414
the obligati	Signature typed or printer harne of register d agent	and title if applicable. (NOTE	:: Registered Agent sign	e or registered agent, or both, in the State of Florida. I am familiar with, and accept 104 05 1
10.	Due by May 1, 2005 OFFICERS AND DIR		* 11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WAGNER, JOHN J 16895 CRESTVIEW LANE	☐ Delate	TITLE NAME STREET ADDRESS CITY-ST-ZIP *	Wellington 11 331.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HAIGHT, DANIEL J 7873 GOCANES WAY FT. MYERS, FL	☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WAGNER, ILENA 16895 CRESTVIEW LANE WESTON, FL 33326	☐ Delete ·	TITLE NAME STREET ADDRES CITY-ST-ZIP	Wellington H 22414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jimmy Ray Smi	th □ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	Pembroke Fines 11
NAME STREET ADDRESS CITY-ST-ZIP		Delcto	NAME STREET ADDRES CITY-ST-ZIP	P-Fabio- Dias ST Terrace 2136 NW171 ST Terrace Fembroke Pines Fl 33028
TITLE NAME STREET ADDRESS CITY+ST-ZIP		☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby indicated		s true and accurate and that rowered to execute this report	ny signature sna as required by 0	n stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information tall have the same legal effect as if made under oath; that I am an officer or director Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if