

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Aug 02, 2004 8:00 am
Secretary of State

08-02-2004 90013 033 ****61.25

DOCUMENT # N03000006079

1. Entity Name

SAVED BY GRACE CHRISTIAN CENTER, INC.



Principal Place of Business

**261 THOR AVENUE
PALM BAY FL 32905**

Mailing Address

**261 THOR AVENUE
PALM BAY FL 32905**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

30-0168880

Applied For

Not Applicable

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

**JORDAN, JAMES C SR.
261 THOR AVENUE
PALM BAY FL 32905**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**FILE NOW: FEE IS \$61.25
Due By September 8, 2004**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME JORDAN, JAMES C SR.
STREET ADDRESS 3298 IDEAL AVENUE
CITY-ST-ZIP PALM BAY FL 32905 ☐ Delete

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

TITLE VD
NAME JORDAN, FANNIE L
STREET ADDRESS 3298 IDEAL AVENUE
CITY-ST-ZIP PALM BAY FL 32905 ☐ Delete

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

TITLE TD
NAME GORDON, MARVIN E
STREET ADDRESS 239 COLLIGS STREET SE
CITY-ST-ZIP PALM BAY FL 32909 ☐ Delete

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

TITLE SD
NAME ALEXANDER, ROSE
STREET ADDRESS 3224 HENRY STREET
CITY-ST-ZIP MELBOURNE FL 32901 ☐ Delete

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

TITLE S
NAME JORDAN, TOUNGI L
STREET ADDRESS 410 THOR AVENUE SE #103
CITY-ST-ZIP PALM BAY FL 32909 ☒ Delete

TITLE S
NAME **LORETTA DAVIS**
STREET ADDRESS **115 PRINCE AVE**
CITY-ST-ZIP **MELBOURNE FL 32901** ☒ Change ☐ Addition

TITLE D
NAME GORE, TRILLY M
STREET ADDRESS 1903 SOUTHLAND AVENUE NORTH
CITY-ST-ZIP MELBOURNE FL 32901 ☐ Delete

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: James C. Jordan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-29-04
Date

Daytime Phone #