

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2005 08:00 AM
Secretary of State

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
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country



1st MOORE CR2E037 (10/04)

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

7. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

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	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add	
NAME	JORDAN, JAMES C SR.			NAME			
STREET ADDRESS	3298 IDEAL AVENUE			STREET ADDRESS			
CITY - ST - ZIP	PALM BAY FL 32905			CITY - ST - ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add	
NAME	JORDAN, FANNIE L			NAME			
STREET ADDRESS	3298 IDEAL AVENUE			STREET ADDRESS			
CITY - ST - ZIP	PALM BAY FL 32905			CITY - ST - ZIP			
TITLE	TD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add	
NAME	GORDON, MARVIN E			NAME			
STREET ADDRESS	239 COLLIGS STREET SE			STREET ADDRESS			
CITY - ST - ZIP	PALM BAY FL 32909			CITY - ST - ZIP			
TITLE	SD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add	
NAME	ALEXANDER, ROSE			NAME			
STREET ADDRESS	3224 HENRY STREET			STREET ADDRESS			
CITY - ST - ZIP	MELBOURNE FL 32901			CITY - ST - ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add	
NAME	DAVIS, LORETTA			NAME			
STREET ADDRESS	115 PRINCE AVE			STREET ADDRESS			
CITY - ST - ZIP	MELBOURNE FL 32901			CITY - ST - ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add	
NAME	GORE, TRILLY M			NAME			
STREET ADDRESS	1903 SOUTHLAND AVENUE NORTH			STREET ADDRESS			
CITY - ST - ZIP	MELBOURNE FL 32901			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 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

2-1-05

Date Daytime Phone