


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 16, 2007 8:00 am**  
**Secretary of State**

05-16-2007 90026 021 \*\*\*\*61.25

<b>DOCUMENT # N03000006079</b>	
1. Entity Name	
SAVED BY GRACE CHRISTIAN CENTER, INC.	

Principal Place of Business	Mailing Address
261 THOR AVENUE PALM BAY FL 32905	261 THOR AVENUE PALM BAY FL 32905

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1st MOORE CR2E037 (10/06)

4. FEI Number	Applied For																				
30-0168880	Not Applicable																				
5. Certificate of Status Desired	\$8.75 Additional Fee Required																				
<table border="1"> <tr> <td colspan="2">6. Name and Address of Current Registered Agent</td> <td colspan="2">7. Name and Address of New Registered Agent</td> </tr> <tr> <td colspan="2">JORDAN, JAMES C SR. 261 THOR AVENUE PALM BAY FL 32905</td> <td colspan="2">Name</td> </tr> <tr> <td colspan="2"></td> <td colspan="2">Street Address (P.O. Box Number is Not Acceptable)</td> </tr> <tr> <td colspan="2"></td> <td colspan="2">City</td> </tr> <tr> <td colspan="2"></td> <td colspan="2">FL Zip Code</td> </tr> </table>		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	
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		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: \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JORDAN, JAMES C SR. 3298 IDEAL AVENUE PALM BAY FL 32905 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JORDAN, FANNIE L 3298 IDEAL AVENUE PALM BAY FL 32905 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GORDON, MARVIN E 239 COLLIGS STREET SE PALM BAY FL 32909 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ALEXANDER, ROSE 3224 HENRY STREET MELBOURNE FL 32901 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DAVIS, LORETTA 115 PRINCE AVE MELBOURNE FL 32901 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GORE, TRILLY M 1903 SOUTHLAND AVENUE NORTH MELBOURNE FL 32901 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** James C Jordan SR **JAMES C. JORDAN SR** 4-8-07 321-723-1630

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone \*