



**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 01, 2006 08:00 AM
Secretary of State**

DOCUMENT # N04000001223		
1. Entity Name GRACE CHRISTIAN FELLOWSHIP OF BREVARD INCORPORATED		
Principal Place of Business 628 ANCHOR LANE W MELBOURNE, FL 32904	Mailing Address 628 ANCHOR LANE W MELBOURNE, FL 32904	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent EVANS, PAUL T 628 ANCHOR LANE W MELBOURNE, FL 32904		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EVANS, PAUL T 628 ANCHOR LANE W MELBOURNE, FL 32904	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ERZINGER, LEROY 2660 OAKHAVEN ST NE PALM BAY, FL 32905	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARDINALE, MICHAËL 1884 WINDING RIDGE CR S.E. PALM BAY, FL 32909	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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:  1-29-06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



01292006 No Chg-NP

CR2E037 (11/05)

4. FEI Number 01-0806129	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

U000000414425
02/11/06-80036-021 61.25

**DO NOT WRITE
IN THIS SPACE**