


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 22, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N04000001324</b>	
1. Entity Name GRACE FAMILY MINISTRIES, INC	

Principal Place of Business 1800 SE VILLAGE GREEN DR PORT SAINT LUCIE, FL 34952	Mailing Address 1800 SE VILLAGE GREEN DR PORT SAINT LUCIE, FL 34952
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**DO NOT WRITE IN THIS SPACE**



01132007 No Chg-NP CR2E037 (4/06)

4. FEI Number 05-0596536	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

HAGIN, KENNETH E  
 1286 S.W. HEATHER STREET  
 PORT ST LUCIE, FL 34983

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	8. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HAGIN, KENNETH E 1286 S.W. HEATHER STREET PORT ST LUCIE, FL 34983
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HAGIN, MARIE A 1286 S.W. HEATHER STREET PORT ST LUCIE, FL 34983
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S AGLER, BENJAMIN 1140 SW GREENBRIAR COVE PORT SAINT LUCIE, FL 34986
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HALVERSON, ROGER W 4607 SE BINNACLE WAY, # 2B STUART, FL 34997
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000596358  
 01/23/07-80076-007 70.00

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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:** *Roger W. Halverson* **1/17/07** **772-337-9766**

SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR Date Daytime Phone #