


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 8:00 am
Secretary of State

03-03-2008 90190 013 ****70.00

DOCUMENT # N04000001324			
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	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 1800 SE Village Green Dr	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 102	
City & State		City & State Port St. Lucie, FL	
Zip	Country	Zip	Country
34952		St. Lucie	FL
4. FEI Number 05-0596536		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HAGIN, KENNETH E 1286 S.W. HEATHER STREET PORT ST LUCIE, FL 34983		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P HAGIN, KENNETH E 1286 S.W. HEATHER STREET PORT ST LUCIE, FL 34983	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE	VP HAGIN, MARIE A 1286 S.W. HEATHER STREET PORT ST LUCIE, FL 34983	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	S AGLER, BENJAMIN 1140 SW GREENBRIAR COVE PORT SAINT LUCIE, FL 34986	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	T HALVERSON, ROGER W 4607 SE BINNACLE WAY, # 2B STUART, FL 34997	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Delete	<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 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: <i>Marie A. Hagin</i> / Marie A. Hagin		Date: 3/25/08 Daytime Phone #: 772-337-9766	