

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001324

FILED  
Jan 18, 2011  
Secretary of State

**Entity Name:** GRACE FAMILY MINISTRIES, INC

**Current Principal Place of Business:**

1800 SE VILLAGE GREEN DR  
SUITE 102  
PORT SAINT LUCIE, FL 34952

**New Principal Place of Business:**

**Current Mailing Address:**

1800 SE VILLAGE GREEN DR  
SUITE 102  
PORT SAINT LUCIE, FL 34952

**New Mailing Address:**

**FEI Number:** 05-0596536      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: HAGIN, KENNETH E  
Address: 1286 SW HEATHER STREET  
City-St-Zip: PORT ST LUCIE, FL 34983

Title: VP  
Name: HAGIN, MARIE A  
Address: 1286 SW HEATHER STREET  
City-St-Zip: PORT ST LUCIE, FL 34983

Title: S  
Name: AGLER, BENJAMIN  
Address: 1140 SW GREENBRIAR COVE  
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: T  
Name: HALVERSON, ROGER W  
Address: 4607 SE BINNACLE WAY, # 2B  
City-St-Zip: STUART, FL 34997

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MARIE A. HAGIN

VP

01/18/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date