

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002290

FILED  
Apr 26, 2005  
Secretary of State

Entity Name: GRACE FAMILY CHURCH CLAY COUNTY, INC.

**Current Principal Place of Business:**

4154 WEATHERED PINE CT.  
MIDDLEBURG, FL 32068

**New Principal Place of Business:**

**Current Mailing Address:**

4154 WEATHERED PINE CT.  
MIDDLEBURG, FL 32068

**New Mailing Address:**

FEI Number: 16-1689898

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HOWELL, DAVID A  
1925 COUNTY RD. 220  
FLEMING ISLAND, FL 32003 US

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

HOWELL, DAVID A  
1679 BLACK HAWK COURT  
ORANGE PARK, FL 32003 US

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: DAVID A. HOWELL

04/26/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: HOWELL, DAVID A  
Address: 1925 COUNTY RD. 220  
City-St-Zip: FLEMING ISLAND, FL 32003

Title: VD ( ) Delete  
Name: TIMBERLAKE, MITCH  
Address: 1788 PRESTON TRL  
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: TD ( ) Delete  
Name: MCCARRAGHER, DEBORAH  
Address: 2004 WATER CREST DR.  
City-St-Zip: ORANGE PARK, FL 32003

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DAVID A. HOWELL

PD

04/26/2005

Electronic Signature of Signing Officer or Director

Date