2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 04, 2005
Secretary of State

DOCUMENT# N04000002786

Entity Name: GRACE CHRISTIAN FELLOWSHIP MINISTRIES, INC.

Current Principal Place of Business:

6675 PERCH ST
GULF BREEZE, FL 32566

New Principal Place of Business:

Current Mailing Address:

6675 PERCH ST
GULF BREEZE, FL 32566

New Mailing Address:

FEI Number: 90-0153882 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BOONE, DOUGLAS
6675 PERCH ST
GULF BREEZE, FL 32566 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: D ( ) Delete
Name: BOONE, DOUGLAS
Address: 6675 PERCH ST
City-St-Zip: GULF BREEZE, FL 32566

Title: D ( ) Delete
Name: HAWKINS, ANN
Address: 1743 FULLER DR
City-St-Zip: GULF BREEZE, FL 32563

Title: D (X) Delete
Name: FAIRMAN, CAROL
Address: 5028 SOUNDSIDE DR
City-St-Zip: GULF BREEZE, FL 32563

Title: D ( ) Delete
Name: DARKES, MYRNA
Address: 2642 HIDDEN ESTATES CIR
City-St-Zip: NAVARREEEZE, FL 32566

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:

Title: D (X) Change ( ) Addition
Name: DARKES, MYRNA
Address: 2642 HIDDEN ESTATES CIR
City-St-Zip: NAVARRE, FL 32566

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: DOUGLAS M BOONE D 01/04/2005

Electronic Signature of Signing Officer or Director — Date