


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90168 008 ****61.25

DOCUMENT # N04000009730					
1. Entity Name SABBATH GRACE FELLOWSHIP, INC.					
Principal Place of Business 518 ZACHARY DRIVE APOPKA, FL 32712		Mailing Address 518 ZACHARY DRIVE APOPKA, FL 32712			
2. Principal Place of Business 207 SENORAN COMMERCE PL		3. Mailing Address 207 SENORAN COMMERCE PLACE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State APOPKA FL		City & State APOPKA FL		4. FEI Number 20-1853379	
Zip 32703		Country ORANGE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 32703		Country ORANGE		04212006 Chg-NP CR2E037 (11/05)	
6. Name and Address of Current Registered Agent POOLER, TERRY G .18 ZACHARY DRIVE APOPKA, FL 32712			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
FL			FL		
Zip Code			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, 2006		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	D	Delete <input type="checkbox"/>		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	POOLER, TERRY G PASTOR			NAME	
STREET ADDRESS	518 ZACHARY DRIVE			STREET ADDRESS	
CITY-ST-ZIP	APOPKA, FL 32712			CITY-ST-ZIP	
TITLE	D	Delete <input type="checkbox"/>		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	CREWS, JERRY FINANCE			NAME	
STREET ADDRESS	PO BOX 2303			STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK, FL 32790			CITY-ST-ZIP	
TITLE	D	Delete <input type="checkbox"/>		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	VASQUEZ, JOSUE TREA.			NAME	
STREET ADDRESS	2746 MENDELIN ST			STREET ADDRESS	
CITY-ST-ZIP	APOPKA, FL 32703			CITY-ST-ZIP	
TITLE		Delete <input type="checkbox"/>		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		Delete <input type="checkbox"/>		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		Delete <input type="checkbox"/>		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
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: _____				Date: 4-28-06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	