

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010813

FILED
Apr 28, 2005
Secretary of State

Entity Name: GRACE PLACE COMMUNITY CHURCH, INC.

Current Principal Place of Business:

8123 CHAMPIONS CIRCLE #8-105
CHAMPIONS GATE, FL 33896

New Principal Place of Business:

Current Mailing Address:

8123 CHAMPIONS CIRCLE #8-105
CHAMPIONS GATE, FL 33896

New Mailing Address:

P O BOX 470754
CELEBRATION, FL 34747

FEI Number: 43-2065045

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PINETTE, CHERYL
8123 CHAMPIONS CIRCLE #8-105
CHAMPIONS GATE, FL 33896 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: PINETTE, RICK
Address: 8123 CHAMPIONS CIRCLE #8-105
City-St-Zip: CHAMPIONS GATE, FL 33896

Title: STD () Delete
Name: PINETTE, CHERYL
Address: 8123 CHAMPIONS CIRCLE #8-105
City-St-Zip: CHAMPIONS GATE, FL 33896

Title: D () Delete
Name: FELSTEAD, FORREST
Address: 8123 CHAMPIONS CIRCLE #8-105
City-St-Zip: CHAMPIONS GATE, FL 33896

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: FELSTEAD, FORREST
Address: 8123 CHAMPIONS CIRCLE #8-105
City-St-Zip: CHAMPIONS GATE, FL 33896

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: CHERYL PINETTE

STD

04/28/2005

Electronic Signature of Signing Officer or Director

Date