2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 28, 2005
Secretary of State

DOCUMENT# N04000012059

Entity Name: GIFT OF GRACE WORSHIP CENTER, INC.

Current Principal Place of Business:

2412 REGENT WAY
KISSIMMEE, FL 34758

New Principal Place of Business:

Current Mailing Address:

2412 REGENT WAY
KISSIMMEE, FL 34758

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

KALLOO, SAMUEL
2412 REGENT WAY
KISSIMMEE, FL 34758 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:	KALLOO, SAMUEL	
Address:	2412 REGENT WAY	
City-St-Zip:	KISSIMMEE, FL 34758	
Title:	D	( ) Delete
Name:	KALLOO, HYACINTH	
Address:	2412 REGENT WAY	
City-St-Zip:	KISSIMMEE, FL 34758	
Title:	D	( ) Delete
Name:	KALLOO, ANNETTE	
Address:	2412 REGENT WAY	
City-St-Zip:	KISSIMMEE, FL 34758	
Title:	D	( ) Delete
Name:	PHILLIP, EUGENE MARVIN	
Address:	900 AMBROSE LANE	
City-St-Zip:	KISSIMMEE, FL 34759	
Title:	D	( ) Delete
Name:	BARBER, MARK	
Address:	12824 MADISON POINT CIRCLE, APT. 201	
City-St-Zip:	ORLANDO, FL 32821	
Title:	D	( ) Delete
Name:	DALOGLU, PAMELA	
Address:	4329 SUMMIT CREEK BLVD., APT. 2204	
City-St-Zip:	ORLANDO, FL 32837	

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:	( ) 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: HYACINTH KALLOO DIR. 06/28/2005

Electronic Signature of Signing Officer or Director — Date