2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 27, 2008 8:00 am Secretary of State DOCUMENT # N05000001780 1. Entity Name 03-27-2008 90026 040 ****61.25 GRACE COMMUNITY CHURCH OF POLK COUNTY, INC. Principal Place of Business Mailing Address 652 AVE L N:W. WINTER HAVEN FL 33881 652 AVE L N.W WINTER HAVEN FL 33881 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/07) City & State City & State 4. FEI Number Applied For 20-2384583 Not Applicable Zio Country \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HARKALA, CHARLES Street Address (P.O. Box Number is Not Acceptable) 652 AVE L N.W. WINTER HAVEN FL 33881 City 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. Lam familiar with, and accept SIGNATURE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Due By May 1, 2008 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. ☐ Delete TITLE Change ☐ Addition HARKALA, CHARLES NAME 652 AVE L N.W. STREET ADDRESS STREET ADDRESS WINTER HAVEN FL 33881 CITY-ST-ZIP CITY-ST-ZIP SECRETARY TITLE X Delete Change ★ Addition BARNES, JEFFREY ALFROD C. MAINE 652 AVE L N.W. STREET ADDRESS 652 AVE L STREET ADDRESS WINTERHAVEN, FL WINTER HAVEN FL 33881 CITY-ST-ZIP CITY-ST-79 TREASUREL ☐ Delete JONES, MARK. TITLE TITLE Change Addition JONES, MARK-652 AVEL. N.W STREET ADDRESS 652 AVE L N.W. STREET ADDRESS WINTERHAVEN FL 33881 WINTER HAVEN FL 33881 CITY-ST-ZIP CITY-ST-ZIP VICE MEIDENT TITLE ☐ Delete Change ☐ Addition WESTMANT, KENNETH 652 AVE L N.W. OVERSTREET, KENNETH NAME NAME 652 AVE L N.W. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WINTER HAVEN FL 33881 CITY-ST-ZIP TITLE ☐ Delete TITLE ncitibbA [] NAFÆ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition 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 Section 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:

AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

3/3/08

863-221-6067

Caytime Phone #

FILED