

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90403 018 ****61.25

DOCUMENT # N05000002422

1. Entity Name
GRACE COMMUNITY OF WESLEY CHAPEL, INC.



Principal Place of Business
**30429 AMADALE DR.
WESLEY CHAPEL, FL 33544**

Mailing Address
**5450 BRUCE B. DOWNS BLVD. #331
WESLEY CHAPEL, FL 33543**

2. Principal Place of Business

1540 Mansfield Blvd

3. Mailing Address

Suite, Apt. #, etc.

04242006 Chg-NP CR2E037 (11/05)

City & State

Wesley Chapel FL

City & State

Zip

33543

Country

4. FEI Number

202719574

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**OLSEN, KARI
6706 WALDORF CT.
NEW PORT RICHEY, FL 34655**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **OLSEN, JEFF A**
STREET ADDRESS **6706 WALDORF CT.**
CITY-ST-ZIP **NEW PORT RICHEY, FL 34655**

TITLE **VP** ☒ Delete
NAME **OLSEN, KEVIN M**
STREET ADDRESS **2233 MADACA LN.**
CITY-ST-ZIP **LAND O LAKES, FL 34639**

TITLE **SEC** ☐ Delete
NAME **OLSEN, HEATHER**
STREET ADDRESS **6706 WALDORF CT.**
CITY-ST-ZIP **NEW PORT RICHEY, FL 34655**

TITLE **T** ☐ Delete
NAME **OLSEN, RALPH**
STREET ADDRESS **6706 WALDORF CT.**
CITY-ST-ZIP **NEW PORT RICHEY, FL 34655**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☒ Change ☐ Addition
NAME **Olsen, Jeff A**
STREET ADDRESS **30429 Amadale Dr**
CITY-ST-ZIP **Wesley Chapel, FL 33544**

TITLE **VP** ☐ Change ☒ Addition
NAME **Laura Olsen**
STREET ADDRESS **6706 Waldorf Ct**
CITY-ST-ZIP **New Port Richey, FL 34655**

TITLE **SEC** ☒ Change ☐ Addition
NAME **Olsen, Heather**
STREET ADDRESS **30429 Amadale Dr**
CITY-ST-ZIP **Wesley Chapel, FL 33544**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/06

(813) 994-9363

Date

Daytime Phone #