

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90408 013 ****61.25

DOCUMENT # N05000008874 1. Entity Name GRACE FELLOWSHIP APOSTOLIC CHURCH, INC.					
Principal Place of Business 13285 OPAL LANE WELLINGTON, FL 33414			Mailing Address 13285 OPAL LANE WELLINGTON, FL 33414		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. Name and Address of Current Registered Agent MITCHELL, CLARENCE L 13285 OPAL LANE WELLINGTON, FL 33414				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
5. 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 \$81.25 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 MITCHELL, CLARENCE L <input type="checkbox"/> Delete		TITLE	P MITCHELL, CLARENCE L <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	13285 OPAL LANE		NAME	13285 OPAL LANE	
STREET ADDRESS	WELLINGTON, FL 33414		STREET ADDRESS	WELLINGTON, FL 33414	
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	D BRYSON, MAUDELIN D <input type="checkbox"/> Delete		TITLE	S BRYSON, MAUDELIN D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	170 HEATHERWOOD DRIVE		NAME	170 HEATHERWOOD DRIVE	
STREET ADDRESS	ROYAL PALM BEACH, FL 33411		STREET ADDRESS	ROYAL PALM BEACH, FL 33411	
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	D HYMAN, BEVERLY J <input type="checkbox"/> Delete		TITLE	V HYMAN, BEVERLY J <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	17851 90TH STREET NORTH		NAME	17851 90TH STREET NORTH	
STREET ADDRESS	LOXAHATCHEE, FL 33470		STREET ADDRESS	LOXAHATCHEE, FL 33470	
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	T BRYSON, DONALD D A <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	170 HEATHERWOOD DRIVE	
STREET ADDRESS			STREET ADDRESS	ROYAL PALM BEACH, FL 33411	
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	D MITCHELL, GLORIA A <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	13285 OPAL LANE	
STREET ADDRESS			STREET ADDRESS	WELLINGTON, FL 33414	
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: <u>Clarence L. Mitchell</u> CLARENCE L. Mitchell <u>04-15-06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					