

# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

SECRET  
DIVISION

06 OCT 16 PM 1:29

DOCUMENT # N05930

1. Entity Name  
GRACE! FELLOWSHIP, INC., OF PALM BEACH COUNTY



Principal Place of Business  
715 S FEDERAL HWY  
BOYNTON BCH, FL 33435

Mailing Address  
715 S FEDERAL HWY  
BOYNTON BCH, FL 33435

REINSTATEMENT

06



10092006 REIN-NP CR2E099 (11/05)

4. FEI Number  
59-2469068

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

REED, ROBERT B., ESQ.  
630 E OCEAN AVE  
BOYNTON BCH, FL 33425

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

FILE NOW!!! FEE IS \$61.25  
After January 1, 2007, Fee will be \$122.50

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
HOLLEY, DAVID E  
1980 CAMPANELLI BLVD  
BOYNTON BEACH, FL 33426 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition  
700080881827  
10/16/06--01052--010 \*\*\*\$1.25

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
KILPATRICK, HAROLD  
200 NORTH OCEAN BLVD #10N  
DELRAY BCH, FL 33483 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
ZELTNER, CHARLES  
1701 19TH COURT  
BOYNTON BCH, FL 33426 ☐ Delete

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

TITLE  
NAME  
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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 an officer like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-11-06