

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 25, 2007 8:00 am
Secretary of State

07-25-2007 90044 043 ****61.25

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DOCUMENT # N06000012016 1. Entity Name GRACE CHURCH OF INDIAN HARBOUR BEACH, INC.					
Principal Place of Business 1202 BANANA RIVER DR. INDIAN HARBOUR BCH, FL 32937			Mailing Address 1202 BANANA RIVER DR. INDIAN HARBOUR BCH, FL 32937		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05022007 Chg-NP CR2E037 (12/06)	
City & State		City & State		4. FEI Number 20 800 4385	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KABBOORD, WILLIAM D III 1202 BANANA RIVER DR. INDIAN HARBOUR BCH, FL 32937			7. Name and Address of New Registered Agent Name <u>William D. Kabboord Sr</u> Street Address (P.O. Box Number is Not Acceptable) <u>Same</u> City <u>FL</u> Zip Code <u></u>		
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 <u>William D. Kabboord Sr</u> <u>7/20/07</u> <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 \$61.25 Due by September 14, 2007		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	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	<u>President</u>	
STREET ADDRESS			STREET ADDRESS	<u>William D. Kabboord Sr.</u>	
CITY-ST-ZIP			CITY-ST-ZIP	<u>640 Cinnamon Ct.</u>	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	<u>V-President</u>	
STREET ADDRESS			STREET ADDRESS	<u>Alfred Los</u>	
CITY-ST-ZIP			CITY-ST-ZIP	<u>546 Lamberth Walk</u>	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	<u>Sec. / Tres</u>	
STREET ADDRESS			STREET ADDRESS	<u>Debbie Dickinson</u>	
CITY-ST-ZIP			CITY-ST-ZIP	<u>1941 HWY A1A #206</u>	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME	<u>Indian Harbour Beach, FL 32937</u>	
STREET ADDRESS			STREET ADDRESS		
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>William D. Kabboord Sr.</u> <u>7/20/07</u> <u>321-777-0337</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					