


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

7/1

FILED
Aug 17, 2007 8:00 am
Secretary of State

07-12-2007 90057 004 ****61.25

DOCUMENT # N20269 1. Entity Name GRACE CHAPEL, INC.	
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Principal Place of Business 405 E KENTUCKY AVE DELAND, FL 32724	Mailing Address 405 E KENTUCKY AVE DELAND, FL 32724
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66021058



07062007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2882440	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SMITH, STEPHEN 67 SPRINGWOOD SQUARE PORT ORANGE, FL 32129 38 Virginia Drive DeLand, FL 32724
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**DO NOT WRITE
IN THIS SPACE**

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 resigning) DATE _____

**Filing Fee is \$61.25
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HARVEY, JAMES L JR 734 W HOGLE AVE DELAND, FL 32720
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SMITH, STEPHEN M 38 VIRGINIA DRIVE DELAND, FL 32724
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HIBBARD, JIM 310 PALM COVE DRIVE DELAND, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:  **8-14-07 386-734-0859**
SECRETARIES AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #