2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 01, 2005
Secretary of State

DOCUMENT# N29174

Entity Name: GRACE TABERNACLE, INC.

Current Principal Place of Business:

C/O OMAR J. CALLEJA
2600 HARRIS AVE
KEY WEST, FL 33040 US

New Principal Place of Business:

Current Mailing Address:

2600 HARRIS AVE
KEY WEST, FL 33040 US

New Mailing Address:

FEI Number: 65-0111017 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CALLEJA, OMAR J.
2600 HARRIS AVE
KEY WEST, FL 33040 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: CALLEJA, OMAR J.,
Address: 2600 HARRIS AVE
City-St-Zip: KEY WEST, FL 33040

Title: SD ( ) Delete
Name: ALVAREZ, EMERALD,
Address: 2600 HARRIS AVENUE
City-St-Zip: KEY WEST, FL

Title: TD ( ) Delete
Name: CALLEJA, SUSAN D
Address: 103 OLD ENGLISH COURT
City-St-Zip: JUPITER, FL 33458

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: CALLEJA, OMAR J
Address: 2600 HARRIS AVE
City-St-Zip: KEY WEST, FL 33040

Title: SD (X) Change ( ) Addition
Name: ALVAREZ, EMERALD
Address: 2600 HARRIS AVENUE
City-St-Zip: KEY WEST, FL

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: OMAR J. CALLEJA PD 07/01/2005

Electronic Signature of Signing Officer or Director Date