2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # N36070

1. Entity Name

GRACE FAMILY CHURCH OF PORT ST. LUCIE, INCORPORATED



ST. LUCIE,

Principal Place of Business 🗀

Mailing Address

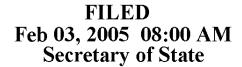
600 NW PEACOCK BLVD.

600 NW PEACOCK BLVD. SUITE ONE

STE. ONE PORT ST. LUCIE, FL 34986_ US

PORT ST. LUCIE, FL 34986 US

US





01172005 No Chg-NP

CR2E037 (10/03)

4.	FEI Number
	65-0156968

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6.	Name	and	Address	of	Cui	Te	nt	F	ē	jis	te	ed	A	geni	t
									_	_	_	_			

STEFFEL, JEFFREY P. 1673 TAURUS LN PORT SAINT LUCIE, FL 34984

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	named entity submits this statement for the pulpons of registered agent.	rpose of changing its registered	office or re	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and little if	applicanie (NOTE, Registered A	gent signature	required when reinstating)	DATE
	Filing Fee is \$61.25 Due by May 1, 2005	Election Campaign Finance Trust Fund Contribution.	ng 🔲	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEFFEL, JEFFREY P. 1673 TAURUS LANE PORT ST. LÜCIE, FL 34984	-			0000000214174 02/03/05- 9 0102-015 61 . 25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ALESSI, FRANK 1462 SE BERWICH COURT PORT SAINT LUCIE, FL 34952				-
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEFFEL, VIOLET E. 1673 TAURUS LANE PORT ST. LUCIE, FL 34984			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			 	<u> </u>	
12. I hereby o	certify that the information supplied with this fill	ing does not qualify for the exem	ption stated	d in Section 119.07(3)	(i), Florida Statutes. I further certify that the information

12. I hereby certify that the information supplied with this liling does not qualify for the exemption stated in Section 119.07(3)(), Florida Statutes. I further certify that the information indicated on this report or suppliemental 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 in trustee employed 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 appears with all other like empowered.

SIGNATURE: _

D NAME OF SIGNING OFFICER OF DIRECTOR

11/05 172.878.2040

Daytime Phone ≠