2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2006 08:00 AM
Secretary of State

DOCUMENT # N36070

1. Entity Name
GRACE FAMILY CHURCH OF PORT ST. LUCIE, INCORPORATED

Principal Place of Business	Mailing Address
600 NW PEACOCK BLVD. STE. ONE PORT ST. LUCIE, FL 34986 US	600 NW PEACOCK BLVD. SUITE ONE PORT ST. LUCIE, FL 34986 US

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01162006 No Chg-NP CR2E037 (11/05)

4. FEI Number
65-0156968
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	STEFFEL, JEFFREY P.
STREET ADDRESS	1673 TAURUS LANE
CITY-ST-ZIP	PORT ST. LUCIE, FL 34984
TITLE	VPD
NAME	ALESSI, FRANK
STREET ADDRESS	1462 SE BERWICH COURT
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34952
TITLE	D
NAME	STEFFEL, VIOLET E.
STREET ADDRESS	1673 TAURUS LANE
CITY-ST-ZIP	PORT ST. LUCIE, FL 34984
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/25/06-80029-010 61.25

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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 all other like empowered.

SIGNATURE: _____ 1/17/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #