

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

FILED
Jan 18, 2007 08:00 AM
Secretary of State

DOCUMENT # N36070

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



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

Mailing Address
**600 NW PEACOCK BLVD.
SUITE ONE
PORT ST. LUCIE, FL 34986 US**



01152007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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**

**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 reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

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	

U00000590711
01/18/07-80067-002 61.25

**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 of the corporation 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

772-870-2040