

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N36070

**FILED**  
**Jan 30, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

6300 NW WEST TORINO PKWY  
PORT SAINT LUCIE, FL 34986 US

**New Principal Place of Business:**

**Current Mailing Address:**

6300 NW WEST TORINO PKWY  
PORT SAINT LUCIE, FL 34986 US

**New Mailing Address:**

**FEI Number:** 65-0156968

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

STEFFEL, JEFFREY P.  
952 SW GRAND RESERVE BLVD.  
PORT SAINT LUCIE, FL 34986 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:** D  
**Name:** STEFFEL, JEFFREY P.  
**Address:** 952 SW GRAND RESERVE BLVD.  
**City-St-Zip:** PORT ST. LUCIE, FL 34986

**Title:** VPD  
**Name:** ALESSI, FRANK  
**Address:** 1462 SE BERWICH COURT  
**City-St-Zip:** PORT SAINT LUCIE, FL 34952

**Title:** D  
**Name:** STEFFEL, VIOLET E.  
**Address:** 952 SW GRAND RESERVE BLVD.  
**City-St-Zip:** PORT ST. LUCIE, FL 34986

I hereby 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 all other like empowered.

**SIGNATURE:** JEFFREY P. STEFFEL

D

01/30/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date