

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 18, 2005 08:00 AM
Secretary of State

DOCUMENT # N37340

1. Entity Name
GRACE EMMANUEL CHURCH, INC.



Principal Place of Business
1470 SE HUFFMAN ROAD
PORT ST. LUCIE, FL 34952

Mailing Address
1470 SE HUFFMAN ROAD
PORT ST. LUCIE, FL 34952



07012005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
65-0201296

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CHESS, SAMUEL E.
1218 SW MANCUSO
PORT ST. LUCIE, FL 34953

**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 September 7, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	CHESS, SAMUEL E.
STREET ADDRESS	1218 SW MANCUSO AVE
CITY-ST-ZIP	PORT ST. LUCIE, FL 34953
TITLE	ST
NAME	HOGUE, GEOFF
STREET ADDRESS	7004 SW GREAT EXUMA COVE
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34986
TITLE	VPT
NAME	RULE, ROBERT
STREET ADDRESS	237 EASY STREET
CITY-ST-ZIP	FT. PIERCE, FL 34982
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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07/18/05-80004-007 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

Robert R. Rule

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-8-05

Date

772-332-2644

Daytime Phone #