

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

FILED
Mar 30, 2007 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**



03152007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0201296	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fees 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

3/15/07

**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	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	1785 SW LEAFY RD
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34953

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	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000684346
04/06/07-80029-014 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/07

Date

Daytime Phone #