

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41460

FILED
Jul 05, 2006
Secretary of State

Entity Name: GRACE COMMUNITY CHURCH, INC.

Current Principal Place of Business:

1114 E. OLIVE RD.
PENSACOLA, FL 32514

New Principal Place of Business:

Current Mailing Address:

1114 E. OLIVE RD.
PENSACOLA, FL 32514

New Mailing Address:

FEI Number: 65-0235224 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

WALKER, STEVE
5041 BAYOU BLVD., STE. 300
PENSACOLA, FL 32503 US

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: PD () Delete
Name: WALKER, STEVE
Address: 4595 FRANCISCO RD.
City-St-Zip: PENSACOLA, FL 32504

Title: TD () Delete
Name: DEPURY, WILLIAM
Address: 8212 NORTH POINTE BLVD.
City-St-Zip: PENSACOLA, FL 32514

Title: SD () Delete
Name: HELVIE, BRETT
Address: 1665 SPALDING CIRCLE
City-St-Zip: PENSACOLA, FL 32514

Title: CD () Delete
Name: MERFELD, CRAIG
Address: 9719 HOLLOWBROOK DR.
City-St-Zip: PENSACOLA, FL 32514

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: BRETT HELVIE

SD

07/05/2006

Electronic Signature of Signing Officer or Director

Date