2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 08:00 AM
Secretary of State

DOCUMENT # N45394

1. Entity Name
GRACE COVENANT MINISTRIES, INCORPORATED

Principal Place of Business	Mailing Address
2326 SW LOIS AVE ARCADIA, FL 34265 US	P O BOX 3008 HICKORY, NC 28603 US

DO NOT WRITE IN THIS SPACE

04172006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-3087689
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HILL, NELDA M
2326 SW LOIS AVE
ARCADIA, FL 34265

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HILL, JERRY L
STREET ADDRESS	3993 BRICKFIELD ST
CITY-ST-ZIP	HICKORY, NC 28602
TITLE	STD
NAME	HILL, LINDA H
STREET ADDRESS	3993 BRICKFIELD ST.
CITY-ST-ZIP	HICKORY, NC 28602
TITLE	TD
NAME	HASTINGS, RICHARD P
STREET ADDRESS	125 EAGLECREST DR
CITY-ST-ZIP	MATTHEWS, NC 28104
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000524882
05/04/06-80007-016 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: Jerry L Hill 4-18-06 828-304-4000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #