

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N46128**

1. Entity Name  
**GRACE CHRISTIAN CHURCH OF PENSACOLA, INC.**



Principal Place of Business  
**9921 CHEMSTRAND ROAD  
PENSACOLA, FL 32514 US**

Mailing Address  
**P. O. BOX 37214  
PENSACOLA, FL 32526 US**



01062005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3096941**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**SPARKS, JACK W.  
3341 TOMPKINS ST  
PENSACOLA, FL 32504**

**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 May 1, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**T  
SPARKS, JACK W.  
3341 TOMPKINS ST  
PENSACOLA, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**T  
SPARKS, CHERI L.  
3341 TOMPKINS ST  
PENSACOLA, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**T  
RIVERS, BILL  
253 ETNA ST  
PENSACOLA, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

000000317906  
04/20/05-80037-015 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)(j), 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 another like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Jack W. Sparks**

**4/17/05**

**850/476-8203**

Date

Daytime Phone #