

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Apr 09, 2007
Secretary of State

DOCUMENT# N93000000393

Entity Name: GRACE FAMILY CHURCH, INC.

Current Principal Place of Business:

2910 NORWAY PINE LANE
LANTANA, FL 33462

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 22222
WEST PALM BEACH, FL 334162222

New Mailing Address:

FEI Number: 65-0386183 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCDANIEL, JOHNNY F
2910 NORWAY PINE LANE
LANTANA, FL 33462 US

Name and Address of New Registered Agent:

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: VPD () Delete
Name: RAPE, PHYLLIS
Address: 5292 S.E. GRAHAM DR.
City-St-Zip: STUART, FL 34997

Title: PD () Delete
Name: MCDANIEL, JOHNNY F
Address: 2910 NORWAY PINE LANE
City-St-Zip: LANTANA, FL 33462

Title: SD () Delete
Name: ROBINSON, SANDRA T
Address: 1664 42ND ST.
City-St-Zip: WEST PALM BEACH, FL 33407

Title: TD () Delete
Name: RAPE, JAMES L
Address: 5292 S.E. GRAHAM DR.
City-St-Zip: STUART, FL 34997

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SD (X) Change () Addition
Name: RAY, JOE
Address: 2565 CEDARCREST RD.
City-St-Zip: WEST PALM BEACH, FL 33415

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: JOHNNY MCDANIEL

PD

04/09/2007

Electronic Signature of Signing Officer or Director

_____ Date