

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 13, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N93000005655**

1. Entity Name  
**GRACE WORSHIP CENTER, INC.**



Principal Place of Business  
1132 EAST PLANT ST.  
WINTER GARDEN, FL 34787 US

Mailing Address  
1132 EAST PLANT ST.  
WINTER GARDEN, FL 34787 US



01052004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3220192	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**5. Name and Address of Current Registered Agent**

FAIRCLOTH, RICKY L  
368 NORTH BOYD STREET  
WINTER GARDEN, FL 34787

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

**Filing Fee is \$61.25  
Due by May 1, 2004**

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

**10. OFFICERS AND DIRECTORS**

TITLE	STD
NAME	FAIRCLOTH, M L
STREET ADDRESS	368 NORTH BOYD STREET
CITY - ST - ZIP	WINTER GARDEN, FL 34787
TITLE	PD
NAME	FAIRCLOTH, RICKY L
STREET ADDRESS	368 NORTH BOYD STREET
CITY - ST - ZIP	WINTER GARDEN, FL 34787
TITLE	D
NAME	FAIRCLOTH, BONNIE E.
STREET ADDRESS	368 N BOYD ST.
CITY - ST - ZIP	WINTER GARDEN, FL
TITLE	D
NAME	SKIPPER, LYLA
STREET ADDRESS	1512 MONA AVE.
CITY - ST - ZIP	OCOCHEE, FL 34712
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

000000003819  
01/14/04-80007-007 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)(i), 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:** *Ricky L Faircloth, President* *Ricky L Faircloth, Pres.* 1-10-04 407-656-3727  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #