

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005655

FILED  
Mar 06, 2007  
Secretary of State

Entity Name: GRACE WORSHIP CENTER, INC.

**Current Principal Place of Business:**

1132 EAST PLANT ST.  
WINTER GARDEN, FL 34787 US

**New Principal Place of Business:**

**Current Mailing Address:**

1132 EAST PLANT ST.  
WINTER GARDEN, FL 34787 US

**New Mailing Address:**

FEI Number: 59-3220192

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FAIRCLOTH, RICKY L  
604 RICH DRIVE  
OCOE, FL 34761 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: STD ( ) Delete  
Name: FAIRCLOTH, M L  
Address: 368 NORTH BOYD STREET  
City-St-Zip: WINTER GARDEN, FL 34787

Title: PD ( ) Delete  
Name: FAIRCLOTH, RICKY L  
Address: 604 RICH DRIVE  
City-St-Zip: OCOEE, FL 34761

Title: D ( ) Delete  
Name: FAIRCLOTH, KRISTI G  
Address: 604 RICH DRIVE  
City-St-Zip: OCOEE, FL 34761

Title: D ( ) Delete  
Name: SKIPPER, LYLA  
Address: 1512 MONA AVE.  
City-St-Zip: OCOEE, FL 34712

**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: RICKY L. FAIRCLOTH

PD

03/06/2007

Electronic Signature of Signing Officer or Director

Date