


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91048 005 ****61.25

DOCUMENT # N94000001748 1. Entity Name GRACE FELLOWSHIP CONGREGATIONAL CHURCH, INC.					
Principal Place of Business 2401 S PARK AVE SANFORD FL 32771			Mailing Address 2401 S PARK AVE SANFORD FL 32771		
2. Principal Place of Business Same as above		3. Mailing Address Same as above			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2388130	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BEDENBAUGH, LARRY 3321 CRIMSON LANE DELTONA FL 32738		7. Name and Address of New Registered Agent Name No Change Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LEONARD, WILLIAM 207 JUSTIN WAY SANFORD FL 32773	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Sanders, Anna 215 Hays Dr. Sanford, FL 32771	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RUPERT, SUSIE 242 COUNCIL BLUFFS DR DELTONA FL 32725	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Roesch, Marion 3809 Pine Ave. Sanford, FL 32773	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMPSON, MARY 2005 MARQUETTE AVE SANFORD FL 32773	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Warren, Judy 711 E. First St. Apt. 17E Sanford, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BEDENBAUGH, LARRY 321 CRIMSON LANE DELTONA FL 32738	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Unsworth, Eloise M. 233 Council Bluffs Dr. Deltona, FL 32725	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WARREN, JUDY 134 CLEAR LAKE CIRCLE SANFORD FL 32771	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Hall, Dick & Polly 205 Justin Way Sanford, FL 32773	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SILER, FAYE 402 COLONIAL WAY SANFORD FL 32771	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Kelly, Rick 3812 Pine Ave. Sanford, FL 32773	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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: <i>Eloise M. Unsworth, Treas.</i> 4/29/04 407-3224584 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

Attachment #NA4000001718 / 44043796
Continuation of Block 11

Title D

X ADDITION

Name Celeste Bedenbaugh

Street Address 321 Crimson Lane

City ST Zip Deltona, FL 32738