

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 08, 2006 8:00 am**  
**Secretary of State**

05-08-2006 90283 012 \*\*\*\*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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2388130

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E037 (10/05)



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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME ☐ Delete  
LEONARD, WILLIAM  
STREET ADDRESS 207 JUSTIN WAY  
CITY-ST-ZIP SANFORD FL 32773

TITLE NAME ☐ Delete  
RUPERT, SUSIE  
STREET ADDRESS 242 COUNCIL BLUFFS DR  
CITY-ST-ZIP DELTONA FL 32725

TITLE NAME ☐ Delete  
UNSWORTH, ELIOSE M  
STREET ADDRESS 233 COUNCIL BLUFFS DR  
CITY-ST-ZIP DELTONA FL 32725

TITLE NAME ☐ Delete  
BEDENBAUGH, LARRY  
STREET ADDRESS 321 CRIMSON LANE  
CITY-ST-ZIP DELTONA FL 32738

TITLE NAME ☐ Delete  
SANDERS, ANNA  
STREET ADDRESS 215 HAYS DR  
CITY-ST-ZIP SANFORD FL 32771

TITLE NAME ☐ Delete  
HOLCOMB, MACK  
STREET ADDRESS 166 WOODRIDGE TRAIL  
CITY-ST-ZIP SANFORD FL 32771

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

*Larry L. Leonard* LARRY L. LEONARD

4-28-06 407-322-4584