2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004471

FILED Apr 04, 2005 Secretary of State

Entity Name: GRACE CHRISTIAN FELLOWSHIP OF FLORIDA, INC.

Current Principal Place of Business: New Principal Place of Business: 1852 STETSON DRIVE CLEARWATER, FL 33765 **Current Mailing Address: New Mailing Address:** 1852 STETSON DRIVE CLEARWATER, FL 33765 FEI Number: 59-3268382 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: EVANS, RANDALL S 1852 STETSON DRIVE CLEARWATER, FL 33765 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete EVANS, RANDALL S Name: Name: 1852 STETSON DRIVE Address: Address: City-St-Zip: CLEARWATER, FL 33765 City-St-Zip: Title: () Delete Title: () Change () Addition RUECHEL, ALLEN Name: Name: Address: 2994 LONGBROOKE WAY Address: City-St-Zip: CLEARWATER, FL 33760 City-St-Zip: Title: () Delete Title: (X) Change () Addition BUCKLES, WILLIAM G JR Name: BUCKLES, WILLIAM G JR Name: 14204 VALENTINE TRL 308 HARBOR VIEW DRIVE Address: Address: City-St-Zip: LARGO, FL 33774 City-St-Zip: LARGO, FL 33770 Title: () Delete Title: () Change () Addition Name: MCCRICKARD, MARK A Name: Address: 6386 68TH STREET N Address: City-St-Zip: PINELLAS PARK, FL 33781 City-St-Zip: Title: () Delete Title: () Change () Addition DECKARD, EDWARD B Name: Name: 2785 JEFFREY DR Address: Address: City-St-Zip: PALM HARBOR, FL 34685 City-St-Zip: Title: () Delete Title: () Change () Addition EVANS, REBECCA K Name: Name: Address: 1852 STETSON DR Address: CLEARWATER, FL 33765 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: RANDALL S. EVANS D 04/04/2005