

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 29, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # N94000005787  
 1. Entity Name  
 GRACE UNITED COMMUNITY CHURCH, INC.



Principal Place of Business % MARGULIES & RONES PA 16105 NE 18TH AVE NORTH MIAMI BEACH, FL	Mailing Address % MARGULIES & RONES PA 16105 NE 18TH AVE NORTH MIAMI BEACH, FL
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02052004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0539561	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 RONES, VICTOR K  
 16105 NE 18TH AVE  
 NORTH MIAMI BEACH, FL 33162

**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 \_\_\_\_\_

**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 NAME STREET ADDRESS CITY - ST - ZIP	D ARCHIBALD, DENNIS D 20310 NE 10TH PL MIAMI, FL 33179
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ARCHIBALD, MATTHEW 1740 NW 191ST ST MIAMI, FL 33056
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PERRY, GILBERT 871 NW 179TH ST MIAMI, FL 33169
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

00000139244  
 04/29/04-80116-1002 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)(f), 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: x [Signature] 4. 10. 04  
 \_\_\_\_\_ Date Daytime Phone #