

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N94000095787

1. Entity Name
GRACE UNITED COMMUNITY CHURCH, INC.



FILED
Sep 03, 2008 08:00 AM
Secretary of State

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



07152008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0539561	Applied For Not Applicable
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5. Certificate of Status Desired **\$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 re-registering) _____ DATE _____

Filing Fee is \$61.25
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

00000958835
09/03/08-80005-002 61.25

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	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Archibald*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/26/08
Date

Daytime Phone #