


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 03, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N94000005936</b> 1. Entity Name <b>GRACE PRESBYTERIAN CHURCH, ASSOCIATE REFORMED SYNOD, INC.</b>			
Principal Place of Business <b>DEVER, GARLAND E WINTER SPRINGS, FL 32708 US</b>		Mailing Address <b>1111 TUSKAWILLA RD WINTER SPRINGS, FL 32708</b>	
<b>DO NOT WRITE IN THIS SPACE</b>			
8. Name and Address of Current Registered Agent  <b>DEVER, GARLAND E 1111 TUSKAWILLA RD WINTER SPRINGS, FL 32708</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		1000000418949 02/14/06-80027-023 61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D DEVER, GARLAND E 1111 TUSKAWILLA RD WINTER SPRINGS, FL 32708</b>	<b>DO NOT WRITE IN THIS SPACE</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T FRIEND, RONALD C 771 NIGHT OWL LANE WINTER SPRINGS, FL</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D UNGER, ANTONINA F 2771 CORINTH COURT ORLANDO, FL 32817</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D FARLOW, JAMES 1111 TUSKAWILLA RD WINTER SPRINGS, FL 32708</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D FERGUSON, DENNIS 1111 TUSKAWILLA ROAD WINTER SPRINGS, FL 32708</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____		
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.			
<b>SIGNATURE:</b> <u>Ronald C Friend</u> <b>RONALD FRIEND</b> <u>2/1/06</u> <u>407-699-1424</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Use Daytime Phone #</small>	