


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 08:00 AM
Secretary of State

DOCUMENT # N96000003244

1. Entity Name
 GRACE FAMILY WORSHIP CENTER, INC.



Principal Place of Business
 5222 NW 80TH TERR
 CORAL SPRINGS, FL 33077 US

Mailing Address
 P.O. BOX 772275
 CORAL SPRINGS, FL 33077 US

DO NOT WRITE IN THIS SPACE



04262005 No Chg-NP CR2E037 (10/03)

4. FEI Number
 65-0691156 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RIVERA, ROBIN LEE
 16750 S.W. 87 COURT
 MIAMI, FL 33157

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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

Filing Fee is \$61.25
Due by May 1, 2005

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

U00000340613
 04/28/05-80125-001 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RIVERA, ROBIN 5222 NW 80TH TERRACE PARKLAND, FL 33067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP RIVERA, DARLENE 5222 NW 80TH TERRACE PARKLAND, FL 33067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DELGADO, RUTH 5222 NW 80TH TERRACE PARKLAND, FL 33067
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify 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 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: *Darlene Rivera* **DARLENE Rivera / VP** 4/26/05 954-753-0357
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #