


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2008 08:00 A
Secretary of State

DOCUMENT # N96000003244 1. Entity Name GRACE FAMILY WORSHIP CENTER, INC.	
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Principal Place of Business 5091 PERIGNON WAY CORAL SPRINGS, FL 33067 US	Mailing Address P.O. BOX 772275 CORAL SPRINGS, FL 33077 US
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DO NOT WRITE IN THIS SPACE



04082008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0691156	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 RIVERA, ROBIN LEE 5091 PERIGNON WAY CORAL SPRINGS, FL 33067	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____
Signature: typed or printed name of registered agent and title if applicable

**Filing Fee is \$61.25
Due by May 1, 2008**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP RIVERA, ROBIN 5091 PERIGNON WAY CORAL SPRINGS, FL 33067
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP RIVERA, DARLENE 5091 PERIGNON WAY CORAL SPRINGS, FL 33067
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS DELGADO, RUTH 5091 PERIGNON WAY CORAL SPRINGS, FL 33067
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**DO NOT WRITE
IN THIS SPACE**

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04/22/08-80082-023 61.25

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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/08/08 984-752-0357