

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 17, 2006 8:00 am**  
**Secretary of State**

02-17-2006 90075 027 \*\*\*\*61.25

**DOCUMENT # N96000004467**

1. Entity Name

SOVEREIGN GRACE CHURCH, INC.



Principal Place of Business

6750 SO. WASHINGTON  
SUITE 5  
TITUSVILLE FL 32780  
US

Mailing Address

6750 SO. WASHINGTON  
SUITE 5  
TITUSVILLE FL 32780  
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-3408005

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MERWIN, TIM  
6750 SO. WASHINGTON  
SUITE 5  
TITUSVILLE FL 32780

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE DP ☐ Delete  
NAME MERWIN, TIM  
STREET ADDRESS 3663 FRAZIER COURT  
CITY-ST-ZIP TITUSVILLE FL 32780

TITLE D ☒ Delete  
NAME JONES, DANIEL D  
STREET ADDRESS 4145 TALL TREE DR  
CITY-ST-ZIP ORLANDO FL 32810

TITLE D ☒ Delete  
NAME BROOKS, WAYNE  
STREET ADDRESS 127 VARSITY CIRCLE  
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

TITLE ☐ Delete  
NAME ~~DEAN~~ DUNLOP, CHRIS  
STREET ADDRESS 4850 WORTH AVE  
CITY-ST-ZIP TITUSVILLE FL 32780

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 Section 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: *Tim Merwin*

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