


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 18, 2005 08:00 AM
Secretary of State

DOCUMENT # N96000006284 1. Entity Name GRACE FELLOWSHIP BAPTIST CHURCH OF ST. LUCIE COUNTY, FLORIDA, INC.	
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Principal Place of Business 10302 S. FEDERAL HWY. SUITE #130 PT ST LUCIE, FL 34952-5605	Mailing Address 10302 S. FEDERAL HWY. SUITE #130 PT ST LUCIE, FL 34952-5605
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DO NOT WRITE IN THIS SPACE



03082005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0660529	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 JOHNSON, ARTHUR 1583 SW URBINO AVE PT ST LUCIE, FL 34953

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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AARDSMA, PHIL 2551 SE MARIUS ST PT ST LUCIE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DENNY, DAVID 1589 S.W. URBINO AVE. PT ST LUCIE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEILAND, GEORGE H REV 2513 SW GROTTO CIRCLE PORT ST LUCIE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/18/05-80059-003 61.25

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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:  Phil Aardsma 3/9/05	Date	Daytime Phone #
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