2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # N96000006284

1. Entity Name
GRACE FELLOWSHIP BAPTIST CHURCH OF ST. LUCIE COUNTY, FLORIDA, INC.

Principal Place of Business	Mailing Address
10302 S FEDERAL H/W SUITE # 130 PT ST LUCIE FL 34952-5605	10302 S FEDERAL H/W SUITE # 130 PT ST LUCIE FL 34952-5605

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03162006 No Chg-NP CR2E037 (11/05)

4. FEI Number
65-0660529
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$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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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

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

10.	OFFICERS AND DIRECTORS
TITLE	PD
NAME	AARDSMA, PHIL
STREET ADDRESS	2551 SE MARIUS ST
CITY-ST-ZIP	PT ST LUCIE, FL
TITLE	VD
NAME	DENNY, DAVID
STREET ADDRESS	1589 S.W. URBINO AVE.
CITY-ST-ZIP	PT ST LUCIE, FL
TITLE	D
NAME	HEILAND, GEORGE H REV
STREET ADDRESS	2513 SW GROTTO CIRCLE
CITY-ST-ZIP	PORT ST LUCIE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/18/06-80064-017 61.25

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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: Phil Aardsma 3/29/06 772-337-1126
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #