2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Mar 31, 2008 08:00 AN 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 HWY. 10302 S. FEDERAL HWY. SUITE #130 PT ST LUCIE FL 34952-5605 SUITE #130 PT ST LUCIE FL 34952-5605 2. Principa: Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/07) City & State City & State 4. FEI Number Applied For 65-0660529 Not Applicable Zip Country Country **\$8.75** Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JOHNSON, ARTHUR Street Address (P.O. Box Number is Not Acceptable) 1583 SW URBINO AVE PT ST LUCIE FL 34953 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. To HOTE Page 2 and Agont algorate re-coursed whom reinstating) og graphet gake FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to 9. Election Campaign Financing Trust Fund Contribution. Due By May 1, 2008 Florida Department of State Added to Fees Confederate Constitution ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Change TITLE ☐ Delete U00000876237 □ ^{Change} 04/11/08-80066-014 61.25 ÁARDSMA, PHIL 2551 SE MARIUS ST STREET ADDRESS STREET ADDRESS PT ST LUCIE FL CITY - ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition DENNY, DAVID 1589 S.W. URBINO AVE. STREET ADDRESS STREET ADDRESS PT ST LUCIE FL CITY-ST-ZIP CITY-ST-ZIP □ Change - □ Addition -- 🗆 Dateto TITLE~ HEILAND, GEORGE H REV NAME NAME STREET ADDRESS | 66 GOLF DR STREET ADDRESS PORT ST LUCIE FL CITY-ST-7/P CITY-ST-ZIP Addition TITLE Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-ZiP ☐ Delete Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 fike empowered.

SIGNATURE:

3-26-08

772-337-112