

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

FILED
Mar 28, 2008 08:00 AM
Secretary of State

DOCUMENT # N98000001235

1. Entity Name
GRACE BIBLE CHURCH OF PORT CHARLOTTE, INC.



Principal Place of Business
9101 LIPE ROAD SW
ARCADIA, FL 34269 US

Mailing Address
22589 ASHTON AVENUE
PORT CHARLOTTE, FL 33980 US



01212008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0630764

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FROOK, BRIAN
9101 SW LIPE ROAD
ARCADIA, FL 34266

**DO NOT WRITE
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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE _____

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000873702
04/10/08-80089-016 61.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CD
WALSH, BOB
2100 KINGS HIGHWAY #261
PORT CHARLOTTE, FL 33980

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
FROOK, BRIAN
9101 LIPE ROAD SW
ARCADIA, FL 34269

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CLARKE, MARK
22589 ASHTON AVENUE
PORT CHARLOTTE, FL 33980

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SERRELL, RICHIE
15082 GULIS TAN AVENUE
PORT CHARLOTTE, FL 33953

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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

03/25/08

Date

(941) 255-3796

Daytime Phone #

ROBERT T WALSH, CHAIRMAN