


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 27, 2007 8:00 am**  
**Secretary of State**

02-27-2007 90005 041 \*\*\*\*61.25

<b>DOCUMENT # N99000001301</b>	
1. Entity Name	
SAVED BY GRACE COMMUNITY CHURCH, INC.	

Principal Place of Business	Mailing Address
3138 S UNIVERSITY DR MIRAMAR FL 33025	3138 S UNIVERSITY DR MIRAMAR FL 33025



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/06)

4. FEI Number 65-0899141		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent
BISHOP, ROBERT 7560 NW 16TH STREET PLANTATION FL 33313		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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_


**FILE NOW: FEE IS \$61.25  
Due By May 1, 2007**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DS <input type="checkbox"/> Delete	TITLE	PPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCARLETT, DAZNETT	NAME	Robert Bishop
STREET ADDRESS	3138 S. UNIV. DR.	STREET ADDRESS	PO BOX 551943 Carol Cty, Fl
CITY- ST- ZIP	MIRAMAR FL 33025	CITY- ST- ZIP	
TITLE	DT <input checked="" type="checkbox"/> Delete	TITLE	DT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCLYMONT, BEVERLY	NAME	Annette Walker
STREET ADDRESS	3138 S. UNIV. DRIVE	STREET ADDRESS	PO BOX 551943 Carol Cty, Fl
CITY- ST- ZIP	MIRAMAR FL 33025	CITY- ST- ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BISHOP, SHARON	NAME	Ray Thompson
STREET ADDRESS	3138 S. UNIV. DR	STREET ADDRESS	PO BOX 551943 Carol Cty, Fl
CITY- ST- ZIP	OPA LOCKA FL 33056	CITY- ST- ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WESTON, VALERIE	NAME	Darlene Lafialle
STREET ADDRESS	3138 S. UNIV. DR	STREET ADDRESS	PO BOX 551943 Carol Cty, Fl
CITY- ST- ZIP	MIRAMAR FL 33025	CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		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 like empowered.

**SIGNATURE:**  **Robert Bishop/President**

2/9/07 954)447-2665

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #