

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 28, 2004 08:00 AM
Secretary of State

DOCUMENT # N99000001889

1. Entity Name
CHURCH OF DIVINE GRACE, INC.



Principal Place of Business
**16220 ONEIDA PLACE
DAVIE, FL 33331**

Mailing Address
**16220 ONEIDA PLACE
DAVIE, FL 33331**



02162004 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-0907782

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**GASPAR, GARCIA
16220 ONEIDA PLACE
DAVIE, FL 33331-2100**

**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 reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|----------------------------------------------------|-------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD GARCIA, GASPAR 16220 ONEIDA PLACE DAVIE, FL 33331 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VD GONZALEZ, JILLANN 8449 S. CORAL CIR N. LAUDERDALE, FL 33068 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | STD GARCIA, EVELYN T 16220 ONEIDA PLACE DAVIE, FL 33331 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

Gaspar Garcia, Pres 02/16/04 954
252-4836

Date

Daytime Phone #