

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 20, 2006 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**



01122006 No Chg-NP

CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0907782**

Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**GASPAR, GARCIA  
16220 ONCIDA 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, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

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

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01/25/06-80005-002 61.25

**DO NOT WRITE  
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

*Gaspar Garcia*

01/13/06

Date

Daytime Phone #

954  
252-4836