


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007 08:00 AM
Secretary of State

DOCUMENT # N99000001889 1. Entity Name CHURCH OF DIVINE GRACE, INC.	
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Principal Place of Business 16220 ONEIDA PLACE DAVIE, FL 33331	Mailing Address 16220 ONEIDA PLACE DAVIE, FL 33331
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DO NOT WRITE IN THIS SPACE



02102007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0907782	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

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

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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
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04/20/07-80133-004 61.25

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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:  **Gaspar Garcia** **954-252-4828**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #