

2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 04, 2008 08:00 A**  
**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**



01122008 No Chg-NP

CR2E037 (4/06)

**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 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, 2008

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

000000881760  
04/16/08-80013-019 61.25

**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	

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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

*Gaspar Garcia*

04/01/08

Date

954-252-4636

Daytime Phone #