

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 730507

**Entity Name:** GRACE WORLD OUTREACH CHURCH, INC., OF BROOKSVILLE,  
FLORIDA**FILED**  
**Feb 20, 2024**  
**Secretary of State**  
**7813710607CC****Current Principal Place of Business:**20366 CORTEZ BLVD  
BROOKSVILLE, FL 34605**Current Mailing Address:**20366 CORTEZ BLVD  
BROOKSVILLE, FL 34605**FEI Number: 59-1554133****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**NORRIS, DANIEL K  
20366 CORTEZ BLVD  
BROOKSVILLE, FL 34601 US*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.***SIGNATURE: DANIEL K NORRIS****02/20/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :****Title** PRESIDENT  
**Name** NORRIS, DANIEL K  
**Address** 20366 CORTEZ BLVD  
**City-State-Zip:** BROOKSVILLE FL 34601**Title** ELDER  
**Name** JONES, RON  
**Address** 4500 SECRETARIAT RUN  
**City-State-Zip:** BROOKSVILLE FL 34609**Title** TRUSTEE  
**Name** BOROVSKY, WILLIAM  
**Address** 12148 SARA STREET  
**City-State-Zip:** BROOKSVILLE FL 34613**Title** TRUSTEE  
**Name** RATCLIFFE, TIMOTHY  
**Address** 3947 GOLDSMITH RD  
**City-State-Zip:** BROOKSVILLE FL 34602**Title** TRUSTEE, SECRETARY  
**Name** PROUTY, MATTHEW  
**Address** 12120 TALLWOOD ST  
**City-State-Zip:** SPRING HILL FL 34608**Title** TRUSTEE  
**Name** WITHERELL, NATHAN  
**Address** 3358 LA VISTA STREET  
**City-State-Zip:** BROOKSVILLE FL 34604**Title** TRUSTEE  
**Name** SAFFELL, JAMES  
**Address** 17163 BENES ROUSH RD  
**City-State-Zip:** BROOKSVILLE FL 34604**Title** TRUSTEE  
**Name** MILTON, VANCE  
**Address** 35833 LAKESHORE DR  
**City-State-Zip:** DADE CITY FL 33525**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: DANIEL NORRIS****PRESIDENT****02/20/2024**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title TRUSTEE  
Name EDWARDS, CHARLOTTE  
Address 804 BUENA VISTA AVE  
City-State-Zip: BROOKSVILLE FL 34601

Title TRUSTEE  
Name HALLMAN, SHELBY  
Address 499 SEA HOLLY DR  
City-State-Zip: BROOKSVILLE FL 34604

Title ELDER, TRUSTEE  
Name GALLIMORE, HUNTLEY  
Address 19336 OAKFORT TRAIL  
City-State-Zip: BROOKSVILLE FL 34604

Title TREASURER/TRUSTEE  
Name SANCHEZ, RAFAEL  
Address 16119 HERON HILLS DR  
City-State-Zip: SPRING HILL FL 34610

Title TRUSTEE  
Name SNEAD, ROWENA  
Address 12187 VILLA RD  
City-State-Zip: SPRING HILL FL 34609