| 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.  |

TREASURER

#### SIGNATURE: MICHAEL CONSTANTINO

Electronic Signature of Signing Officer/Director Detail

| DO | UMENT# N01000004731 |  |
|----|---------------------|--|
|    |                     |  |

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: GRACE COMMUNITY CHURCH, INC.

## **Current Principal Place of Business:**

5501 E IRLO BRONSON HWY ST. CLOUD, FL 34771

## **Current Mailing Address:**

5501 E IRLO BRONSON HWY ST. CLOUD, FL 34771

## FEI Number: 59-3750648

## Name and Address of Current Registered Agent:

MARK, SCIMECA 5425 ALLIGATOR LAKE ROAD ST. CLOUD, FL 34772 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                 | E: MARK SCIMECA                          |                 |                        | 01/18/2019 |  |  |
|---------------------------|--|-----------------|------------------------|------------|--|--|
|                           | Electronic Signature of Registered Agent |                 |                        | Date       |  |  |
| Officer/Director Detail : |  |                 |                        |            |  |  |
| Title                     | OFFICER                                  | Title           | TREASURER              |            |  |  |
| Name                      | SCIMECA, MARK                            | Name            | CONSTANTINO, MICHAEL S |            |  |  |
| Address                   | 198 ORANGE AVENUE                        | Address         | 1822 ASHTON DR E       |            |  |  |
| City-State-Zip:           | SAINT CLOUD FL 34769                     | City-State-Zip: | ST CLOUD FL 34771      |            |  |  |
| Title                     | OFFICER                                  | Title           | OFFICER                |            |  |  |
| Name                      | WILHOIT, KEVIN                           | Name            | TYLER, WESLEY ROBERT   |            |  |  |
| Address                   | 1803 HAGEN CT                            | Address         | 1935 MUSTANG CT        |            |  |  |
| City-State-Zip:           | SAINT CLOUD FL 34771                     | City-State-Zip: | SAINT CLOUD FL 34771   |            |  |  |
| Title                     | OFFICER                                  |                 |                        |            |  |  |
| Name                      | DEVOR, SCOTT                             |                 |                        |            |  |  |
| Address                   | 270 VENETIAN BAY CIRCLE                  |                 |                        |            |  |  |
| City-State-Zip:           | SANFORD FL 32771                         |                 |                        |            |  |  |

Certificate of Status Desired: Yes

# FILED Jan 18, 2019 Secretary of State 2187204063CC

01/18/2019 Date