

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000005762

Entity Name: GRACE COMMUNITY CENTER, INC.**Current Principal Place of Business:**4151 HANCOCK BRIDGE PKWY
N FT MYERS, FL 33903**Current Mailing Address:**13 SE 21ST PLACE
CAPE CORAL, FL 33990**FEI Number:** 26-2720721**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**JOHNSON, KARL
2142 W LAKEVIEW BLVD
N FORT MYERS, FL 33903 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	VP
Name	WHITTAKER, DOUG
Address	1242SPANISH CAY LANE
City-State-Zip:	PUNTA GORDA FL 33950

Title	SEC
Name	WISE, GYLA
Address	14949 RANDOLPH DR SE
City-State-Zip:	FORT MYERS FL 33905

Title	PRESIDENT
Name	JOHNSON, KARL
Address	2142 W LAKEVIEW BLVD
City-State-Zip:	N FT MYERS FL 33903

Title	D
Name	HAMPTON, JOYCE
Address	2204 NW 7TH ST
City-State-Zip:	CAPE CORAL FL 33993

Title	TREASURER
Name	JORAY, RON
Address	12332 RIVER ROAD
City-State-Zip:	FORT MYERS FL 33905

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: KARL JOHNSON**PRESIDENT****02/09/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date