

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000005762

**FILED**  
**Apr 07, 2016**  
**Secretary of State**  
**CC1042738422**

**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: Yes**

**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**

**04/07/2016**

Electronic Signature of Signing Officer/Director Detail

Date