

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000009671

**FILED**  
**Jan 17, 2018**  
**Secretary of State**  
**CC6665663733**

**Entity Name:** GRACE COMMUNITY CHURCH OF LAKEWOOD RANCH, INC.

**Current Principal Place of Business:**

6932 PROFESSIONAL PARKWAY EAST  
SARASOTA, FL 34240

**Current Mailing Address:**

6932 PROFESSIONAL PARKWAY EAST  
SARASOTA, FL 34240

**FEI Number: 35-2388990**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

BENNETT, CHARLES D III  
6932 PROFESSIONAL PARKWAY EAST  
SARASOTA, FL 34240 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 P  
Name BENNETT, CHARLES D III  
Address 6932 PROFESSIONAL PARKWAY EAST  
City-State-Zip: SARASOTA FL 34240

Title VPST  
Name JONES, THOMAS W JR.  
Address 4864 PALM AIRE DR  
City-State-Zip: SARASOTA FL 34243

Title D  
Name REESOR, DR. ALLEN  
Address 2800 N. 46TH AVE.  
City-State-Zip: HOLLYWOOD FL 33021

Title D  
Name BENNETT, JON  
Address 6932 PROFESSIONAL PARKWAY EAST  
City-State-Zip: SARASOTA FL 34240

Title D  
Name GAGE, DR. WARREN A  
Address P.O. BOX 39845  
City-State-Zip: FORT LAUDERDALE FL 33339

*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: CHARLES D. BENNETT III**

**PRESIDENT**

**01/17/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date