

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000001608

**FILED**  
**Mar 15, 2017**  
**Secretary of State**  
**CC1855604644**

**Entity Name:** GRACE COMMUNITY CHRISTIAN AND MISSIONARY ALLIANCE CHURCH, INC.

**Current Principal Place of Business:**

141 NW 20TH STREET  
BOCA RATON SUIT F-4  
BOCA RATON, FL 33431

**Current Mailing Address:**

141 NW 20TH STREET  
BOCA RATON SUIT F-4  
BOCA RATON, FL 33431 US

**FEI Number: 65-0233638**

**Certificate of Status Desired: No**

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

JOSEPH, JEAN CREV  
7013 MERGANSER. CT  
LAKE WORTH, FL 33463 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 PD  
Name JOSEPH, REV. JEAN C  
Address 7013 MERGANSER CT  
City-State-Zip: LAKE WORTH FL 33463

Title D  
Name BENOIT, ERICK REV  
Address 4967 NW 6TH CT  
City-State-Zip: DELRAY BCH FL 33445

Title D  
Name JOSEPH, LINOTTE  
Address 7013 MERGANSER CT  
City-State-Zip: LAKE WORTH FL 33463

Title SD  
Name SYLVAIN, RICARDO  
Address 2488 DORSON WAY  
City-State-Zip: DELRAY BEACH FL 33445

Title D  
Name JOSEPH, ELIZABETH L  
Address 7013 MERGANSER CT  
City-State-Zip: LAKE WORTH FL 33463

*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: REV. JEAN CLAUDE JOSEPH**

**PD**

**03/15/2017**

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

\_\_\_\_\_  
Date