

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02647

FILED
Jan 20, 2009
Secretary of State

Entity Name: GULFVIEW GRACE BRETHREN CHURCH, INC.

Current Principal Place of Business:

% JAMES L. POYNER
6639 HAMMOCK ROAD, WEST
PORT RICHEY, FL 34668

New Principal Place of Business:

Current Mailing Address:

% JAMES L. POYNER
6639 HAMMOCK ROAD, WEST
PORT RICHEY, FL 34668

New Mailing Address:

FEI Number: 59-2399459

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POYNER, JAMES L.
6639 HAMMOCK ROAD, WEST
PORT RICHEY, FL 34668 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: POYNER, REV. JAMES L.,
Address: 10934 PEPPERTREE LANE
City-St-Zip: PORT RICHEY, FL

Title: VD () Delete
Name: MILLER, LOGAN J.,
Address: 7629 CESSNA DR.
City-St-Zip: NEW PORT RICHEY, FL

Title: SD () Delete
Name: SHANE, EVELYN,
Address: 6735 HAMMOCK RD. LOT 28
City-St-Zip: PORT RICHEY, FL

Title: T () Delete
Name: GIBBS, RUTH
Address: 11124 PINE TREE LANE
City-St-Zip: PORT RICHEY, FL 34668

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: REV. JAMES L. POYNER

PD

01/20/2009

Electronic Signature of Signing Officer or Director

Date