

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2008 8:00 am
Secretary of State

01-16-2008 90021 026 ****61.25



DOCUMENT # N05000007656
 1. Entity Name
GRACE & GLORY WORSHIP CENTER, INC.

Principal Place of Business
 1328 N RAILROAD AVE
 CHIPLEY, FL 32428

Mailing Address
 1430 MERRY ACRES DR
 CHIPLEY, FL 32428



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01052008 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number
 20-3260736

Applied For
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CUMBAA, FRANK
 1430 MERRY ACRES DR
 CHIPLEY, FL 32428

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D Delete
 NAME CUMBAA, FRANK
 STREET ADDRESS 1430 MERRY ACRES DR
 CITY-ST-ZIP CHIPLEY, FL 32428

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D Delete
 NAME ROBBINS, JOEY
 STREET ADDRESS 3226 FIRST ST
 CITY-ST-ZIP COTTONDALE, FL 32440

TITLE Change Addition
 NAME *Director*
 STREET ADDRESS *DWAYNE JOSEY*
 CITY-ST-ZIP *1293 ROLAND Rd. CHIPLEY, FL 32428*

TITLE D Delete
 NAME PHIPPS, MICHAEL
 STREET ADDRESS 822 MAPLE AVE
 CITY-ST-ZIP CHIPLEY, FL 32428

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D Delete
 NAME BIRGE, CINDY
 STREET ADDRESS ~~1499 PINEY GROVE RD~~
 CITY-ST-ZIP CHIPLEY, FL 32428

TITLE Change Addition
 NAME
 STREET ADDRESS *682B Hwy 273*
 CITY-ST-ZIP

TITLE D Delete
 NAME CUMBAA, LINDA
 STREET ADDRESS 1430 MERRY ACRES DR
 CITY-ST-ZIP CHIPLEY, FL 32428

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME *D PAT DRUMMOND*
 STREET ADDRESS *1585 TOOLE CIR.*
 CITY-ST-ZIP *CHIPLEY, FL 32428*

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Frank Cumbaa* **FRANK CUMBAA** *1/11/08 850.638.2668*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #