

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2008
Secretary of State

DOCUMENT# N05000011496

Entity Name: GRACEPOINTE BAPTIST CHURCH, INC.

Current Principal Place of Business:

1703 LAKESIDE AVE. #4
SAINT AUGUSTINE, FL 32084

New Principal Place of Business:

6900 US 1 SOUTH
SAINT AUGUSTINE, FL 32086

Current Mailing Address:

1703 LAKESIDE AVE #4
SAINT AUGUSTINE, FL 32084

New Mailing Address:

6900 US 1 SOUTH
SAINT AUGUSTINE, FL 32086

FEI Number: 06-1760479

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMARTT, STEVEN H
1703 LAKESIDE AVE. #4
SAINT AUGUSTINE, FL 32084 US

Name and Address of New Registered Agent:

SMARTT, STEVEN H
6900 US 1 SOUTH
SAINT AUGUSTINE, FL 32086 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: STEVEN H SMARTT

03/25/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SMARTT, STEVEN H
Address: 1703 LAKESIDE AVE. #4
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: VP () Delete
Name: SMITH, JAMES A SR.
Address: 1703 LAKESIDE AVE. #4
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: VP () Delete
Name: NICOLOSI, PHIL
Address: 1703 LAKESIDE AVE. #4
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: T () Delete
Name: MURRAY, FRANCES
Address: 1703 LAKESIDE AVE. #4
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: S () Delete
Name: NIX, KAY
Address: 1703 LAKESIDE AVE. #4
City-St-Zip: ST. AUGUSTINE, FL 32084

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SMARTT, STEVEN H
Address: 6900 US 1 SOUTH
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: VP (X) Change () Addition
Name: SMITH, JAMES A SR.
Address: 6900 US 1 SOUTH
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: VP (X) Change () Addition
Name: NICOLOSI, PHIL
Address: 6900 US 1 SOUTH
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: T (X) Change () Addition
Name: MURRAY, FRANCES E
Address: 6900 US 1 SOUTH
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: S (X) Change () Addition
Name: NIX, KAY
Address: 6900 US 1 SOUTH
City-St-Zip: ST. AUGUSTINE, FL 32086

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: FRANCES E MURRAY

T

03/25/2008

Electronic Signature of Signing Officer or Director

Date