

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 08, 2009
Secretary of State**

DOCUMENT# N23500

Entity Name: GRACE AND PRAISE MINISTRIES, INC.

Current Principal Place of Business:

15880 S US HWY 441
LAKE CITY, FL 32024 US

New Principal Place of Business:

Current Mailing Address:

15880 S US HWY 441
LAKE CITY, FL 32024 US

New Mailing Address:

FEI Number: 59-2725257 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COOK, WAYNE F.
CR 778
HIGH SPRINGS, FL 32643 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: COOK, WAYNE,
Address: P.O. BOX 2522 N/A
City-St-Zip: HIGH SPRINGS, FL 32643

Title: STD () Delete
Name: HODGE, GARY M,
Address: 19515 NW 170TH LN
City-St-Zip: HIGH SPRINGS, FL 32643

Title: VD () Delete
Name: SHERMAN, ROBERT CHARLES
Address: 460 SO 2ND STREET
City-St-Zip: LAKE CITY, FL 32025

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:

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: WAYNE F. COOK

PD

01/08/2009

Electronic Signature of Signing Officer or Director

_____ Date