

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005908

FILED
Mar 05, 2009
Secretary of State

Entity Name: GRACE TABERNACLE CHURCH AND MINISTRIES OF FORT WALTON BEACH, INC.

Current Principal Place of Business:

218 EGLIN PARKWAY NE
FORT WALTON BEACH, FL 32547 US

New Principal Place of Business:

Current Mailing Address:

218 EGLIN PKWAY NE
FORT WALTON BEACH, FL 32547 US

New Mailing Address:

218 EGLIN PARKWAY NE
FORT WALTON BEACH, FL 32547 US

FEI Number: 59-3412131

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MALHEIRO, DAVID M.
325 SUDDUTH CIRCLE
FORT WALTON BEACH, FL 32547 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: MALHEIRO, DAVID
Address: 325 SUDDUTH CIRCLE
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: STD () Delete
Name: PATRICK, LARRY B
Address: 221 YACHT CLUB DRIVE
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: D () Delete
Name: BROWN, JOE
Address: 94 RUBY CIRCLE
City-St-Zip: MARY ESTHER, FL 32569

Title: D () Delete
Name: HOWELL, STAATS
Address: 640 NE POWELL DRIVE
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: D () Delete
Name: DAILY, MARK
Address: 25 SHARILYN DRIVE
City-St-Zip: SHALIMAR, FL 32579

Title: D () Delete
Name: HAMPTON, JAMES
Address: 304 SOMERSET DRIVE
City-St-Zip: FORT WALTON BEACH, FL 32548

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
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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: DAVID M. MALHEIRO

PD

03/05/2009

Electronic Signature of Signing Officer or Director

Date