## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 701449**

FILED Apr 20, 2009 Secretary of State

Entity Na	me: GRACE P	RESBYTERIAN CHURCH, IN	1C.				
Current Principal Place of Business:			New Principal Place of Business:				
10991 58 \$ PINELLAS	ST NO S PK, FL 34666	US					
Current Mailing Address:			New Mailing Address:				
10991 58 \$ PINELLAS	ST NO S PK, FL 34666	US					
FEI Number	: 59-2468444	FEI Number Applied For ( )	FEI Number Not Appl	icable ( )	Certificate of Status Desire	ed ( )	
Name and	d Address of C	urrent Registered Agent:	Name and	Address of	f New Registered Agent:		
10991 58T	E, ROBERT N. TH STREET N PARK, FL 346	,					
	e named entity s e of Florida.	submits this statement for the	purpose of changing i	ts registered	I office or registered agent	, or both,	
SIGNATUI	RE:						
Electronic Signature of Registered Age			ent		Date		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P () BROWN, THOM 10999 74TH AV SEMINOLE, FL	ΕN	Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	D () BURRIDGE, BR 2916 ST JOHN CLEARWATER,	DR	Title: Name: Address: City-St-Zip:	BURRIDGE, 2916 ST JOH			
Title: Name: Address: City-St-Zip:	VP ( ) Delete BROWN, THOMAS K JR 11018 FREEDOM WAY SEMINOLE, FL 33772		Title: Name: Address: City-St-Zip:	D (X) Change () Addition REUMANN, RICK 316 CROSSWINDS DR. PALM HARBOR, FL 34683			
Title: Name: Address: City-St-Zip:	D (X) REUMANN, RIC 316 CROSSWIN PALM HARBOR	IDS DR.	Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition		

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: BRIAN N. BURRIDGE VΡ 04/20/2009