

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 06, 2009
Secretary of State**

DOCUMENT# 708673

Entity Name: GRACE CHURCH, INCORPORATED

Current Principal Place of Business:

8100 S W 104TH STREET
MIAMI, FL 33156 US

New Principal Place of Business:

Current Mailing Address:

C/O REV JOHN ALESSI
10304 SW 87TH CT
MIAMI, FL 33176 US

New Mailing Address:

FEI Number: 59-1709530 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALESSI, REV JOHN
10304 S W 87TH CT
MIAMI, FL 33176 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: ALESSI, JOHN
Address: 10304 S.W 87 CT
City-St-Zip: MIAMI, FL 33176 US

Title: D () Delete
Name: ALESSI, PAUL
Address: 8100 S.W. 104TH STREET
City-St-Zip: MIAMI, FL 33156 US

Title: DST () Delete
Name: ALESSI, ANNIE L.,
Address: 10304 S W 87TH CT
City-St-Zip: MIAMI, FL 33176 US

Title: VPD () Delete
Name: ALESSI, J. STEPHEN,
Address: 16435 SW 88TH AVE
City-St-Zip: MIAMI, FL 33157 US

Title: D () Delete
Name: RIVERA, DARLENE,
Address: 8100 SW 104TH STREET
City-St-Zip: MIAMI, FL 33156 US

Title: D () Delete
Name: MOREHEAD, RICHARD
Address: 8100 S.W. 104TH STREET
City-St-Zip: MIAMI, FL 33156 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DST (X) Change () Addition
Name: ALESSI, ANNIE L
Address: 10304 S W 87TH CT
City-St-Zip: MIAMI, FL 33176 US

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: ANNIE L. ALESSI

DST

02/06/2009

Electronic Signature of Signing Officer or Director

Date