2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2009
Secretary of State

DOCUMENT# 709313

Entity Name: THE GRACE BRETHREN CHURCH OF FORT MYERS, FLORIDA, INC.

Current Principal Place of Business:

2141 CRYSTAL DRIVE
FORT MYERS, FL 33907

New Principal Place of Business:

Current Mailing Address:

2141 CRYSTAL DRIVE
FORT MYERS, FL 33907

New Mailing Address:

FEI Number: 59-1420071 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHIPLEY, STEVEN
2366 CHANDLER AVE
FT. MYERS, FL 33907 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:	DV	( ) Delete
Name:	SHIPLEY, STEVEN	
Address:	2366 CHANDLER AVENUE	
City-St-Zip:	FT MYERS, FL	
Title:	DT	( ) Delete
Name:	SHAFFER, EDWARD J	
Address:	217 OREGON WAY	
City-St-Zip:	LEHIGH ACRES, FL 33936	
Title:	DS	( ) Delete
Name:	DEFFET, THOMAS	
Address:	2148 ALDRIDGE AVE	
City-St-Zip:	FT MYERS, FL 33907	
Title:	FO	( ) Delete
Name:	WEBB, STEPHEN	
Address:	6317 HOFSTRA CT	
City-St-Zip:	FORT MYERS, FL 33919	

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
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: EDWARD J SHAFFER DT 04/13/2009

Electronic Signature of Signing Officer or Director — Date