2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2009
Secretary of State

DOCUMENT# 714722

Entity Name: GRACE TEMPLE CHURCH OF THE LIVING GOD, INC.

Current Principal Place of Business:

7431 S OLD FLORAL CITY ROAD
FLORAL CITY, FL 34436 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 243
FLORAL CITY, FL 34436 US

New Mailing Address:

FEI Number: 59-6518320 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCREYNOLDS, LARRY
850 NW 126 ST.
CITRA, FL 32113 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:	C	( ) Delete
Name:	MCKINNON, ROBERT	
Address:	8499 OLD FLORAL CITY RD.	
City-St-Zip:	FLORAL CITY, FL 34436	
Title:	VD	( ) Delete
Name:	MCKINNON, ROSE	
Address:	8499 OLD FLORAL CITY RD	
City-St-Zip:	FLORAL CITY, FL 34436	
Title:	S	( ) Delete
Name:	WILLIAMS, JULIA	
Address:	PO BOX 594-3649 JONAH PL.	
City-St-Zip:	INVERNESS, FL 34451	
Title:	V/S	( ) Delete
Name:	KEY, ROBERT R	
Address:	PO BOX 1272	
City-St-Zip:	INVERNESS, FL 34451	
Title:	C	( ) Delete
Name:	WASHINGTON, GLADYS	
Address:	3961 E SCOTTY ST.	
City-St-Zip:	INVERNESS, FL 34452	
Title:	VS	( ) Delete
Name:	KEY, ROBERT R	
Address:	P.O. BOX 1272	
City-St-Zip:	INVERNESS, FL 34451	

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:	
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: ROBERT MCKINNON C 03/03/2009

Electronic Signature of Signing Officer or Director — Date