

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 721078

FILED
Jan 06, 2009
Secretary of State

Entity Name: GRACE COMMUNITY CHURCH OF BRANDON, INC.

Current Principal Place of Business:

1300 N. VALRICO
VALRICO, FL 33594 US

New Principal Place of Business:

1425 N. VALRICO
VALRICO, FL 33594 US

Current Mailing Address:

P.O. BOX 843
BRANDON, FL 33509 US

New Mailing Address:

FEI Number: 59-1354143 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GUSTAFSON, REV. R.R.
1300 N. VALRICO ROAD
GRACE COMMUNITY CHURCH
VALRICO, FL 33594 US

Name and Address of New Registered Agent:

GUSTAFSON, REV. R.R.
1425 N. VALRICO ROAD
GRACE COMMUNITY CHURCH
VALRICO, FL 33594 US

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

01/06/2009

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: JOHNSON, BILL,
Address: 817 PEBBLEWOOD DR
City-St-Zip: BRANDON, FL 33511

Title: PD () Delete
Name: GUSTAFSON, R R,
Address: 1300 N VALRICO RD.
City-St-Zip: VALRICO, FL

Title: ST () Delete
Name: MCKEEN, BARRY A
Address: 2109 HERITAGE CREST DR.
City-St-Zip: VALRICO, FL 33594

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PD (X) Change () Addition
Name: GUSTAFSON, R R,
Address: 1425 N VALRICO RD.
City-St-Zip: VALRICO, FL 33594

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: DR. ROBERT R. GUSTAFSON

Electronic Signature of Signing Officer or Director

P/D

01/06/2009

Date