

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 723126

FILED
Mar 22, 2009
Secretary of State

Entity Name: GRACE AND TRUTH ASSEMBLY INC.

Current Principal Place of Business:

1830 KAMLER AVE.
ORLANDO, FL 32817 US

New Principal Place of Business:

Current Mailing Address:

1830 KAMLER AVE.
ORLANDO, FL 32817 US

New Mailing Address:

FEI Number: 23-7177596

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BERG, THOMAS S
2147 RAPER DAIRY RD.
ORLANDO, FL 32822 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: D () Delete
Name: HUNTE, HUGO D
Address: 5524 WHITE HERON PL
City-St-Zip: OVIEDO, FL 32765 US

Title: D () Delete
Name: MAYHEW, GREGORY
Address: 2245 DUMAS DRIVE
City-St-Zip: DELTONA, FL 32738 US

Title: PD () Delete
Name: MARQUARDT, GUSTAV A
Address: 2210 MCMAHON CT.
City-St-Zip: ORLANDO, FL 32812 US

Title: D () Delete
Name: JONES, MAXVILLE
Address: 2668 CYPRESS HEAD TR
City-St-Zip: OVIEDO, FL 32765 US

Title: DT () Delete
Name: BRIDGEMAN, TIMOTHY
Address: 1359 LYDIA DRIVE
City-St-Zip: DELTONA, FL 32725 US

Title: DS () Delete
Name: BERG, THOMAS
Address: 2147 RAPER DAIRY ROAD
City-St-Zip: ORLANDO, FL 32822 US

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
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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: THOMAS S. BERG

DS

03/22/2009

Electronic Signature of Signing Officer or Director

Date