

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 729108

FILED
Mar 18, 2009
Secretary of State

Entity Name: GRACEPOINTE CHURCH OF THE NAZARENE, INC.

Current Principal Place of Business:

2581 S. SANFORD AVE
SANFORD, FL 327739581 US

New Principal Place of Business:

Current Mailing Address:

2581 S. SANFORD AVE
SANFORD, FL 327739581 US

New Mailing Address:

FEI Number: 59-6560192 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

THOMAS, WAYNE
2581 S. SANFORD AVE
SANFORD L, FL 32773 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: T () Delete
Name: FOWLER, ELLSWORTH
Address: 1291 LAKE HARNEY WOOD BLVD.
City-St-Zip: MIMS, FL 32759 US

Title: P () Delete
Name: THOMAS, WAYNE
Address: 429 KAYS LANDING DR.
City-St-Zip: SANFORD, FL 32771 US

Title: T () Delete
Name: HINCH, ROBERT
Address: 301 SIR LAWRENCE DR.
City-St-Zip: SANFORD, FL 32773 US

Title: ST () Delete
Name: CARDELL, LUCINDA
Address: 2016 LAKE AVE
City-St-Zip: SANFORD, FL 32773 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
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: WAYNE THOMAS

P

03/18/2009

Electronic Signature of Signing Officer or Director

_____ Date