

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 729532

FILED
Apr 15, 2009
Secretary of State

Entity Name: GRACE FELLOWSHIP OF JACKSONVILLE, INC.

Current Principal Place of Business:

3425 SANS PAREIL ST.
JACKSONVILLE, FL 32224

New Principal Place of Business:

Current Mailing Address:

3425 SANS PAREIL ST
JACKSONVILLE, FL 32224

New Mailing Address:

FEI Number: 59-1519722

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIS, GEORGE D
12446 SHADY CREEK DR
JACKSONVILLE, FL 32223 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: KINMAN, DARRYL
Address: 2434 PEACH DR
City-St-Zip: JACKSONVILLE, FL 32246

Title: V () Delete
Name: BULLINGTON, CHRIS
Address: 2887 DICKIE CT
City-St-Zip: JACKSONVILLE, FL 32216

Title: P () Delete
Name: DAVIS, GEORGE D
Address: 12446 SHADY CREEK DR
City-St-Zip: JACKSONVILLE, FL 32223

Title: D () Delete
Name: BOYER, TROY
Address: 11104 OAK RIDGE DR SO
City-St-Zip: JACKSONVILLE, FL 32225

Title: D () Delete
Name: SPEARS, RONALD
Address: 2784 SUNNYBROOK RD.
City-St-Zip: JACKSONVILLE, FL 32216

Title: D () Delete
Name: ULSCH, PHILLIP
Address: 8416 FORD RD.
City-St-Zip: BRYCEVILLE, FL 32009

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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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: GEORGE D. DAVIS

P

04/15/2009

Electronic Signature of Signing Officer or Director

_____ Date