

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 730646

FILED
Apr 22, 2009
Secretary of State

Entity Name: GRACE BIBLE FELLOWSHIP INC.

Current Principal Place of Business:

2600 TAMIAMI TRAIL
NOKOMIS, FL 34275

New Principal Place of Business:

Current Mailing Address:

2600 TAMIAMI TRAIL
NOKOMIS, FL 34275

New Mailing Address:

FEI Number: 23-7420587 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMAS, RON
11923 GRANITE WOODS LOOP
VENICE, FL 34292 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: BROCK, ROBERT
Address: 6260 12TH ST S
City-St-Zip: SAINT PETERSBURG, FL 33705

Title: D () Delete
Name: HILL, KEN
Address: 1132 MANGROVE RD
City-St-Zip: VENICE, FL 34293

Title: S () Delete
Name: ALBRECHT, KAREN
Address: 732 GUILD DR
City-St-Zip: VENICE, FL 34285

Title: CD () Delete
Name: THOMAS, RON
Address: 11923 GRANITE WOODS LOOP
City-St-Zip: VENICE, FL 34292

Title: T () Delete
Name: ALBRECHT, FRANK
Address: 732 GUILD DR
City-St-Zip: VENICE, FL 34285

Title: D () Delete
Name: THOMAS, LYNNE
Address: 11923 GRANITE WOODS LOOP
City-St-Zip: VENICE, FL 34292

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: T (X) Change () Addition
Name: THOMAS, RON
Address: 11923 GRANITE WOODS LOOP
City-St-Zip: VENICE, FL 34292

Title: D (X) Change () Addition
Name: HILL, VIRGINIA
Address: 1132 MANGROVE RD
City-St-Zip: VENICE, FL 34293

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: RON THOMAS

T

04/22/2009

Electronic Signature of Signing Officer or Director

_____ Date