2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#733959

FILED Jan 30, 2009 Secretary of State

Entity Name: GRACE COMMUNITY CHURCH OF NEW SMYRNA, INC.

Current Principal Place of Business: New Principal Place of Business: 1100 WEST 10TH STREET 1100 WEST 10TH STREET NEW SMYRNA BEACH, FL US US NEW SMYRNA BEACH, FL 32168 **Current Mailing Address: New Mailing Address:** P.O. BOX 78 NEW SMYRNA BEACH, FL 321700078 US FEI Number: 51-0188660 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DIDAS, RICHARD A 35 BOGEY CIRCLE NEW SMYRNA BEACH, FL 32168 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 Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: DV (X) Change () Addition () Delete DIDAS, BETSY GRIFFITH, GENE Name: Name: **BOGEY CIR** Address: P.O.BOX 438 Address: City-St-Zip: NEW SMYRNA BEACH, FL 32168 US City-St-Zip: OAK HILL, FL 32759 US Title: DC Title: () Delete () Change () Addition BARRINGER, INGLE Name: Name: Address: 1259 MILLS DRIVE Address: City-St-Zip: NEW SMYRNA BEACH, FL 32168 US City-St-Zip: Title: D/T () Delete Title: () Change () Addition DIDAS, RICHARD Name: Name: Address: 35 BOGEY CIR Address: City-St-Zip: NEW SMYRNA BEACH, FL 32168 US City-St-Zip: Title: D/S () Delete Title: D/S (X) Change () Addition Name: HEBBERD, GENIE Name: WILLIG, DIANA 2051 PIONEER TRIAL, #60 Address: 1002 LAKE AVENUE Address: City-St-Zip: EDGEWATER, FL 32132 US City-St-Zip: NEW SMYRNA BEACH, FL 32168 US Title: () Delete Title: () Change () Addition GILBERT, BARBARA Name: Name: 11 COACHMAN'S CT. Address: Address: City-St-Zip: DAYTONA BEACH, FL 32119 US City-St-Zip: Title: () Delete Title: () Change () Addition KOCHIS, SHIRLEY Name: Name: 1250 JOSE PINE ST Address: Address: NEW SMYRNA BEACH, FL 32168 US City-St-Zip: 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: RICHARD A. DIDAS D/T 01/30/2009