

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 735410

FILED  
May 13, 2009  
Secretary of State

**Entity Name:** GRACE MISSIONARY BAPTIST CHURCH, INC.

**Current Principal Place of Business:**

GRACE MISSION BAPTIST CHURCH  
4411 SPRING BANK ROAD  
GREEN COVE SPRINGS, FL 32043 US

**New Principal Place of Business:**

**Current Mailing Address:**

GRACE MISSIONARY BAPT CHURCH  
P O BOX 1126  
GREEN COVE SPRINGS, FL 32043 US

**New Mailing Address:**

**FEI Number:** 05-0017600 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

SPURGEON, HAYES  
5621 DRAKE LOOP  
MIDDLEBURG, FL 32068 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: PT ( ) Delete  
Name: SPURGEON, HAYES  
Address: 5621 DRAKE LOOP  
City-St-Zip: MIDDLEBURG, FL 32068

Title: VT ( ) Delete  
Name: ODDY, WILLIAM  
Address: 3384 WALL ROAD  
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: S ( ) Delete  
Name: TODE, LARRY  
Address: 2115 RAYMONDS PLACE  
City-St-Zip: GREEN COVE SPRINGS, FL

Title: ST ( ) Delete  
Name: TODE, LARRY  
Address: 2115 RAYMONDS PLACE  
City-St-Zip: GREEN COVE SPRINGS, FL 32043

**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: LARRY TODE

S

05/13/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date