2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#736736

FILED Jan 28, 2009 Secretary of State

Entity Name: GRACE BIBLE CHURCH OF PORT RICHEY, FLORIDA, INC.

	rincipal Place of Business:	New Principal Place of Business:
9403 SCO HUDSON,	T ST , FL 34669	
Current M	lailing Address:	New Mailing Address:
9403 SCO HUDSON,	T ST FL 34669	
FEI Number	: 59-1712298 FEI Number Applied Fo	r () FEI Number Not Applicable () Certificate of Status Desired (X)
Name and	l Address of Current Registered Ag	ent: Name and Address of New Registered Agent:
HUDSON,	HOGANY DR , FL 34669 US	
	e named entity submits this statement e of Florida.	for the purpose of changing its registered office or registered agent, or both,
SIGNATU		
	Electronic Signature of Registe	ered Agent Date
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
Γitle: Name:	T () Delete GORDON, SANDRA	Title: () Change() Addition Name:
	8844 ROSS LANE NEW PORT RICHEY, FL 34654	Address: City-St-Zip:
City-St-Zip: Fitle: Name: Address:		Address:
Address: Dity-St-Zip: Fitle: Name: Address: Dity-St-Zip: Fitle: Name: Address: Dity-St-Zip:	NEW PORT RICHEY, FL 34654 D () Delete CHAMNESS, HARRY JR. 9711 ARROW DRIVE	Address: City-St-Zip: Title: () Change () Addition Name: Address:
City-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle: Name: Address: Address:	NEW PORT RICHEY, FL 34654 D () Delete CHAMNESS, HARRY JR. 9711 ARROW DRIVE NEW PORT RICHEY, FL 34654 S () Delete JESTER, LINDA 12531 MOON LAKE CIRCLE	Address: City-St-Zip: Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address:
City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Name: Name: Name: Name: Name: Name:	D () Delete CHAMNESS, HARRY JR. 9711 ARROW DRIVE NEW PORT RICHEY, FL 34654 S () Delete JESTER, LINDA 12531 MOON LAKE CIRCLE NEW PORT RICHEY, FL D () Delete VAN WEY, CHARLES 14941 LOMA AVENUE	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:

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: DEAN PRATT, SR.

PRES

01/28/2009