2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#737826

FILED Feb 16, 2009 Secretary of State

Entity Name: GRACE BIBLE FELLOWSHIP OF ST. PETERSBURG, INC.

Current Principal Place of Business:				New Principal Place of Business:				
10999 - 60TH ST., NORTH PINELLAS PARK, FL 346662616				10999 - 60TH ST., NORTH PINELLAS PARK, FL 33782 US				
Current M	lailing Addres	New Ma	New Mailing Address:					
10999 - 60TH ST., NORTH PINELLAS PARK, FL 346662616				10999 - 60TH ST., NORTH PINELLAS PARK, FL 33782 US				
FEI Number:	: 59-2103592	FEI Number Applied For ()	FEI Number Not A	applicable ()	Certifi	cate of Status Des	sired ()	
Name and	Address of C	Current Registered Agent:	Name a	nd Address o	f New Re	egistered Agen	t:	
5894 96TH PINELLAS The above	Y, III, WILLIAN I CIRCLE N I PARK, FL 33 I named entity e of Florida.		urpose of changir	ng its registered	d office o	r registered age	nt, or both,	
SIGNATUR	RE:							
	Electror	nic Signature of Registered Ager	nt			Date		
OFFICERS	S AND DIREC	TORS:	ADDITI	ONS/CHANGE	ES TO OI	FICERS AND	DIRECTORS	
Title: Name: Address: City-St-Zip:	T (BUTLER, VICK 9141 65TH STI MADEIRA, FL	REET N	Title: Name: Address: City-St-Zi _l	T BUTLER, VIO 125 150TH A p: MADEIRA, F	CKI AVENUE	e () Addition		
Title: Name: Address: City-St-Zip:	S (HYDE, ROBER 9988 56TH PL ST. PETERSBU	N	Title: Name: Address: City-St-Zi _l	p:	()Change	e()Addition		
Title: Name: Address: City-St-Zip:	D (SELFORS, ARI 7100 ULMERTO LARGO, FL 33	ON RD #2029	Title: Name: Address: City-St-Zi _l	p:	() Change	e () Addition		
Title: Name: Address: City-St-Zip:	CD (CONNOLLY, B 5894 96TH CIR PINELLAS PAR	RCLE	Title: Name: Address: City-St-Zi _l	p:	()Change	e () Addition		
Title: Name: Address: City-St-Zip:	COUSINS, LEN	R ROAD, APT. #632	Title: Name: Address: City-St-Zi _l	p:	() Change	e () Addition		
Title: Name: Address: City-St-Zip:	D () DUMONT, GLE 40 MILBURN C PALM HARBOR	PIRCLE	Title: Name: Address: City-St-Zi _l	p:	()Change	e () Addition		

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: VICKI BUTLER T 02/16/2009