2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 07, 2009
Secretary of State

DOCUMENT# 742468

Entity Name: GRACE COMMUNITY CHURCH, SBC INC.

Current Principal Place of Business:

7040 US 1 NORTH
ST. AUGUSTINE, FL 32095

New Principal Place of Business:

Current Mailing Address:

7040 US 1 NORTH
ST. AUGUSTINE, FL 32095 US

New Mailing Address:

FEI Number: 59-2948657 **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:

MARTIN, MARY W
7297 DOE RUN RD
SAINT AUGUSTINE, FL 32095 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: PD ( ) Delete
Name: MARTIN, MARY W
Address: 7297 DOE RUN RD.
City-St-Zip: SAINT AUGUSTINE, FL 32095

Title: TD ( ) Delete
Name: BANKS, CARMA
Address: 6650 PONY LANE
City-St-Zip: SAINT AUGUSTINE, FL 32095

Title: VPD ( ) Delete
Name: SHIMP, REGAN
Address: 3501 B NORTH PONCE DE LEON
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: D ( ) Delete
Name: BRANSON, DIANNE
Address: 348 DUSTY RD
City-St-Zip: SAINT AUGUSTINE, FL 32095

Title: SD ( ) Delete
Name: DAVIS, JANICE
Address: 410 KATNACK RD.
City-St-Zip: SAINT AUGUSTINE, FL 32095

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:

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: MARY MARTIN RA 06/07/2009

Electronic Signature of Signing Officer or Director — Date