2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2009
Secretary of State

DOCUMENT# 743629

Entity Name: GREATER GRACE APOSTOLIC CHURCH INCORPORATED

Current Principal Place of Business:

2102 E. COLUMBUS DRIVE
TAMPA, FL 33605 US

New Principal Place of Business:

Current Mailing Address:

695 10THJ AVE N
SAFETY HARBOR, FL 34695 US

New Mailing Address:

FEI Number: 06-1646901 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BAKER, SARAH
695 10TH AVE N
SAFETY HARBOR, FL 34695 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:	PDT	( ) Delete
Name:	BAKER, SARAH	
Address:	695 10TH AVE N	
City-St-Zip:	SAFETY HARBOR, FL 34695	
Title:	D	( ) Delete
Name:	OUIRONA, TRACY	
Address:	2102 E COLOMBUS DRIVE	
City-St-Zip:	TAMPA, FL 33605	
Title:	TMD	( ) Delete
Name:	ROSS, MICHELL	
Address:	2719 N 46TH ST	
City-St-Zip:	TAMPA, FL 33605	
Title:	D	( ) Delete
Name:	WALKER, SHARRON	
Address:	2102 E COLUMBUS DR	
City-St-Zip:	TAMPA, FL 33605	
Title:	D	( ) Delete
Name:	JONES, WILLIE	
Address:	2102 EAST COLUMBUS DR	
City-St-Zip:	TAMPA, FL 33605	
Title:	D	( ) Delete
Name:	KITCHEN, KEVIN	
Address:	5639 18TH WAY S	
City-St-Zip:	SAINT PETERSBURG, FL 33712	

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:	
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: SARAH BAKER PDT 03/15/2009

Electronic Signature of Signing Officer or Director — Date