2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2009
Secretary of State

DOCUMENT# 748825

Entity Name: GRACE BAPTIST CHURCH OF LAKE WALES, INC.

Current Principal Place of Business:

3530 NORTH SCENIC HIGHWAY
LAKE WALES, FL 33898

New Principal Place of Business:

Current Mailing Address:

3530 NORTH SCENIC HIGHWAY
LAKE WALES, FL 33898

New Mailing Address:

FEI Number: 59-2966602 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILLAFORD, CECIL F
53 EAST STARR AVE
LAKE WALES, FL 33898 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:	D	(X) Delete
Name:	MCCOY, DONALD S,	
Address:	316 WEAVER AVE	
City-St-Zip:	LAKE WALES, FL	
Title:	VDS	( ) Delete
Name:	WILLAFORD, CECIL	
Address:	53 E STARR AVE	
City-St-Zip:	LAKE WALES, FL 33898	
Title:	DT	( ) Delete
Name:	COPE, RONALD	
Address:	415 AVENUE K N.E.	
City-St-Zip:	WINTER HAVEN, FL 33881	
Title:	P	( ) Delete
Name:	QUINN, SAMUEL	
Address:	3530 N. SCENIC HWY	
City-St-Zip:	LAKE WALES, FL 33898	

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: SAMUEL QUINN P 01/07/2009

Electronic Signature of Signing Officer or Director — Date