

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
May 07, 2009
Secretary of State

DOCUMENT# 749907

Entity Name: GRACE FELLOWSHIP OF BREVARD, INC.**Current Principal Place of Business:**3420 MURRELL ROAD
ROCKLEDGE, FL 32955**New Principal Place of Business:****Current Mailing Address:**3505 MURRELL ROAD
ROCKLEDGE, FL 32955**New Mailing Address:****FEI Number:** 59-2470805**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**MANSUR, JOHN
4365 HIELD ROAD
PALM BAY, FL 32907 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:** S () Delete
Name: BLOMSTER, THOMAS R
Address: 1072 KINGFISHER WAY
City-St-Zip: ROCKLEDGE, FL 32955**Title:** D () Delete
Name: MANSUR, JOHN
Address: 4195 SPARROW HAWK RD
City-St-Zip: MELBOURNE, FL**Title:** T () Delete
Name: LOVAN, MIKE
Address: 1179 LUGHER DRIVE
City-St-Zip: ROCKLEDGE, FL 32955**Title:** D () Delete
Name: LOVALL, DONALD
Address: 1711 FENWAY CIRCLE
City-St-Zip: ROCKLEDGE, FL 32955**Title:** D () Delete
Name: HOLLAND, WILLIAM
Address: 950 BOLTON LANE
City-St-Zip: ROCKLEDGE, FL 32955**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** D (X) Change () Addition
Name: BLOMSTER, THOMAS R
Address: 30024 237TH DR NE
City-St-Zip: ARLINGTON, WA 98223**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** S (X) Change () Addition
Name: LOVALL, DONALD
Address: 1711 FENWAY CIRCLE
City-St-Zip: ROCKLEDGE, FL 32955**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: THOMAS R BLOMSTER

D

05/07/2009

Electronic Signature of Signing Officer or Director

Date