

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 751886

FILED
Apr 28, 2008
Secretary of State

Entity Name: GRACE BIBLE BAPTIST CHURCH MINISTRIES, INC.

Current Principal Place of Business:

10706 46TH STREET NORTH
TAMPA, FL 33617

New Principal Place of Business:

31056 WILLOW BANK AVENUE
BROOKSVILLE, FL 34602

Current Mailing Address:

8701 ORANGE OAKS CIRCLE
TAMPA, FL 33637

New Mailing Address:

31056 WILLOW BANK AVENUE
BROOKSVILLE, FL 34602

FEI Number: 59-2001627

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARRIS, CHARLOTTE L.
9 MAEVIEW CIRCLE
BROOKSVILLE, FL 33512 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: MCRAE, REV JAMES H,
Address: 5244 PRAIRIE VIEW WAY
City-St-Zip: ZEPHYRHILLS, FL 33544

Title: D () Delete
Name: MCRAE, MRS SUSIE M,
Address: 5244 PRAIRIE VIEW WAY
City-St-Zip: ZEPHYRHILLS, FL 33544

Title: TD () Delete
Name: BUSBY, REV. ALBERTO, F.
Address: 706 S.W. 23RD AVE.
City-St-Zip: BOYNTON BEACH, FL

Title: SD () Delete
Name: BUSBY, MRS. GWENDOLY, N
Address: 706 S.W. 23RD AVE.
City-St-Zip: BOYNTON BEACH, FL

Title: D () Delete
Name: MCRAE, JAMES H JR.
Address: 2440 MOODY ROAD
City-St-Zip: ORANGE PARK, FL 32073

Title: TR D () Delete
Name: MCRAE, STEPHANIE A DR.
Address: 1413 S.W. 16TH TERRACE
City-St-Zip: CAPE CORAL, FL 33991

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MCRAE, REV JAMES H,
Address: 31056 WILLOW BANK AVENUE
City-St-Zip: BROOKSVILLE, FL 34602

Title: D (X) Change () Addition
Name: MCRAE, MRS SUSIE M,
Address: 31056 WILLOW BANK AVENUE
City-St-Zip: BROOKSVILLE, FL 34602

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: JAMES H. MCRAE, SR.

PD

04/28/2008

Electronic Signature of Signing Officer or Director

Date