

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 756031

FILED
Mar 28, 2008
Secretary of State

Entity Name: GRACE EPISCOPAL CHURCH, INC.

Current Principal Place of Business:

4110 S. RIDGEWOOD AVE.
PORT ORANGE, FL 32129

New Principal Place of Business:

Current Mailing Address:

4110 S. RIDGEWOOD AVE.
PORT ORANGE, FL 32129

New Mailing Address:

FEI Number: 59-1862198

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

IVERSON, THE REV. MARLOWE
4110 S. RIDGEWOOD AVENUE
PORT ORANGE, FL 32127 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: SRW () Delete
Name: WEST, ROBERT SWARDEN
Address: 4201 MAYFAIR LANE
City-St-Zip: PORT ORANGE, FL 32129

Title: T () Delete
Name: LONGACRE, HAROLD TREASUR
Address: 5431 JAMES DRIVE
City-St-Zip: PORT ORANGE, FL 32127

Title: P () Delete
Name: IVERSON, THE REV. MA, RLOWE
Address: 4110 S. RIDGEWOOD AVENUE
City-St-Zip: PT ORANGE, FL 32127

Title: O () Delete
Name: THOMPSON, MAGGIE BOARD
Address: 707 KRISTINA COURT
City-St-Zip: PORT ORANGE, FL 32127

Title: S () Delete
Name: BOHANNON, LINDA SECRETA
Address: 161 LEISURE CIRCLE
City-St-Zip: PORT ORANGE, FL 32127

Title: JRW () Delete
Name: VALDES, TERESA JRWARDE
Address: 1019 BELLFLOWER DRIVE
City-St-Zip: PORT ORANGE, FL 32127

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: JRW (X) Change () Addition
Name: POE, CAROLYN JRWARDE
Address: 1441 ARECA PALM DRIVE
City-St-Zip: PORT ORANGE, FL 32128

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: ROBERT WEST

SRW

03/28/2008

Electronic Signature of Signing Officer or Director

Date