2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 02, 2006
Secretary of State

DOCUMENT# 761590

Entity Name: GRACE BAPTIST CHURCH OF LABELLE, INC.

Current Principal Place of Business:

4200 EUCALYPTUS BLVD. NE
P O BOX 1004
LABELLE, FL 33935 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1004
P O BOX 1004
LABELLE, FL 33975 US

New Mailing Address:

FEI Number: 59-2469226 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

DEVISME, TOM
270 EVANS RD
LABELLE, FL 33935 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 ( ) Delete
Name: NOBLES, KENNETH
Address: 7458 ROUTE 3 F ROAD
City-St-Zip: LABELLE, FL

Title: DT ( ) Delete
Name: DEVISME, TOM,
Address: 270 EVANS RD
City-St-Zip: LABELLE, FL

Title: D (X) Delete
Name: WILLIAMS, ANTHONY
Address: 4053 RAINBOW CIRCLE
City-St-Zip: LABELLE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MR (X) Change ( ) Addition
Name: BAILEY, EDLEY
Address: 4024 SUNFLOWER CIRCLE
City-St-Zip: LABELLE, FL 33935 US

Title: MR (X) Change ( ) Addition
Name: DEVISME, TOM
Address: 270 EVANS RD
City-St-Zip: LABELLE, FL 33935 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: TOM DEVISME MR 07/02/2006
Electronic Signature of Signing Officer or Director — Date