

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 761994

FILED  
Feb 19, 2009  
Secretary of State

Entity Name: CHURCH OF GOD BY GRACE, INC.

**Current Principal Place of Business:**

1630 LEWIS GRIFFIN ROAD  
HIGHLAND PARK  
LAKE WALES, FL 33853 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O MARTHA WIGGINS  
623 S VERONA AVE  
AVON PARK, FL 338254145 US

**New Mailing Address:**

FEI Number: 00-2050038

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WIGGINS, MARTHA  
623 VERONA AVENUE  
AVON PARK, FL 33825 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: VSD ( ) Delete  
Name: DAVIS, ROSIANNA,  
Address: 320 RAILROAD AVENUE  
City-St-Zip: HAINES CITY, FL

Title: PM ( ) Delete  
Name: WIGGINS, MARTHA,  
Address: 623 SOUTH VERONA AVE.  
City-St-Zip: AVON PARK, FL

Title: D ( ) Delete  
Name: COLEMAN, DEBRA R  
Address: 4723 DARNELL DR.  
City-St-Zip: SEBRING, FL 33872

Title: D ( ) Delete  
Name: RODGERS, CATHERINE  
Address: 309 7TH STREET  
City-St-Zip: DUNDEE, FL 33838

Title: D ( ) Delete  
Name: MCCANTS, BRUCE C  
Address: 516 BERKLEY POINT DRIVE  
City-St-Zip: AUBURNDAL, FL 33823

**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:

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: DEBRA R. COLEMAN

D

02/19/2009

Electronic Signature of Signing Officer or Director

Date