

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766259

FILED
Mar 12, 2009
Secretary of State

Entity Name: TRUE GRACE FELLOWSHIP CHURCH, INC.

Current Principal Place of Business:

5178 WILLARD NORRIS RD
MILTON, FL 32570 US

New Principal Place of Business:

Current Mailing Address:

5178 WILLARD NORRIS RD
MILTON, FL 32570

New Mailing Address:

5178 WILLARD NORRIS RD
MILTON, FL 32570 US

FEI Number: 59-2294492

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MORRIS, HAROLD
10390 VALLEY GROVE ROAD
MILTON, FL 32570 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: DST () Delete
Name: MORRIS, HAROLD
Address: 10390 VALLEY GROVE RD
City-St-Zip: MILTON, FL 32570

Title: D () Delete
Name: SEGRAVES, JOEL
Address: 5812 TWIN OAKS DR.
City-St-Zip: MILTON, FL 32571

Title: PCD () Delete
Name: BARROW, DUKE
Address: 5175 SPINGDALE DR.
City-St-Zip: MILTON, FL 32570

Title: D () Delete
Name: HUDSON, J.B.
Address: 1609 J LOWERY RD
City-St-Zip: JAY, FL 32565

Title: D () Delete
Name: NALL, SHELBY
Address: 6464 KEMBRO RD
City-St-Zip: MILTON, FL 32570

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: REV. DUKE S. BARROW

PAS.

03/12/2009

Electronic Signature of Signing Officer or Director

Date