2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2009
Secretary of State

DOCUMENT# 766438

Entity Name: GRACE BAPTIST CHURCH OF PONCE DE LEON, INC.

Current Principal Place of Business:

1474 AMMONS
PONCE DE LEON, FL 32455

New Principal Place of Business:

Current Mailing Address:

1474 AMMONS RD
10079 STATE HWY 834
PONCE DE LEON, FL 32455

New Mailing Address:

FEI Number: 59-2902209 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KINKEY, ARTHUR JR
10079 STATE HWY 834
DEFUNIAK SPRINGS, FL 32433 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:	O'STEEN, RANDY	
Address:	2816 OLD MILL RD	
City-St-Zip:	PONCE DE LEON, FL 32455	
Title:	PD	( ) Delete
Name:	HOWARD, HARVEY	
Address:	2253 N HWY 181	
City-St-Zip:	WESTVILLE, FL 32464	
Title:	D	( ) Delete
Name:	KINKEY, CHARLES	
Address:	53 SULLIVAN STREET	
City-St-Zip:	DEFUNIAK SPRINGS, FL 32433	
Title:	ST	( ) Delete
Name:	KINKEY, ARTHUR C., JR.	
Address:	10079 STATE HWY. 83	
City-St-Zip:	DEFUNIAK SPRGS., FL	
Title:	VD	( ) Delete
Name:	DAVIS, PAUL	
Address:	2277 N HIGHWAY 181	
City-St-Zip:	WEST VILLE, FL 32464	
Title:	D	( ) Delete
Name:	HENDERSON, JOE	
Address:	1867 OLD MT ZION RD	
City-St-Zip:	PONCE DE LEON, FL 32455	

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:	( ) 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: ARTHUR C. KINKEY, JR. ST 03/26/2009
Electronic Signature of Signing Officer or Director — Date