

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770731

FILED
Jun 22, 2009
Secretary of State

Entity Name: GRACE PRESBYTERIAN CHURCH OF GAINESVILLE, FLORIDA, INC.

Current Principal Place of Business:

3146 NW 13TH ST
GAINESVILLE, FL 32609

New Principal Place of Business:

Current Mailing Address:

3146 N W 13TH STREET
GAINESVILLE, FL 32609 US

New Mailing Address:

3146 NW 13TH ST
GAINESVILLE, FL 32609

FEI Number: 59-1744453 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
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:

BUTLER, MARILYN
3541 NW 33 PL.
GAINESVILLE, FL 32605 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: PD () Delete
Name: ROBINSON, FRANK A
Address: 13200 WEST NEWBERRY ROAD #10
City-St-Zip: NEWBERRY, FL 32669

Title: VPD () Delete
Name: MILLICAN, DIANE
Address: 5904 NW 43 AVE
City-St-Zip: GAINESVILLE, FL 32606

Title: SD () Delete
Name: BUTLER, MARILYN
Address: 3541 NW 33 PL
City-St-Zip: GAINESVILLE, FL 32605

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CHESNUT, W T
Address: PO BOX 1498
City-St-Zip: GAINESVILLE, FL 32602

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: DIANE MILLICAN

VPD

06/22/2009

Electronic Signature of Signing Officer or Director

Date