

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000006080

FILED  
Jan 19, 2009  
Secretary of State

Entity Name: GRACE MISSION, INC.

## Current Principal Place of Business:

1975 SANSBURY WAY  
SUITE 109  
WEST PALM BEACH, FL 33411 US

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 211025  
ROYAL PALM BEACH, FL 33421 US

## New Mailing Address:

FEI Number: 58-1310122

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CALLISTER, GEORGE  
9812 GALLEON DRIVE  
WEST PALM BEACH, FL 33411 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: PRES ( ) Delete  
Name: RUDY, RANDY  
Address: 64 MARLYN DRIVE  
City-St-Zip: ELKTON, MD 21921

Title: VP ( ) Delete  
Name: LEE, BYRON  
Address: 4260 SANDY CREEK RD  
City-St-Zip: MADISON, GA 30650

Title: SEC ( ) Delete  
Name: MARTSOLF, ROBERT  
Address: 483 SEVENTH STREET  
City-St-Zip: SHARPSVILLE, PA 16150

Title: TREA ( ) Delete  
Name: GOOD, ROBERT  
Address: 52 EAGLE STREET  
City-St-Zip: GREENVILLE, PA 16125

## 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:

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: GEORGE H CALLISTER

DIR

01/19/2009

Electronic Signature of Signing Officer or Director

Date