

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00590

FILED
Apr 30, 2009
Secretary of State

Entity Name: GRACE BAPTIST CHURCH OF MONTVERDE, INC.

Current Principal Place of Business:

16124 COUNTY RD 455
MONTVERDE, FL 34756 US

New Principal Place of Business:

Current Mailing Address:
PO BOX 560358
MONTVERDE, FL 34756 US

New Mailing Address:

FEI Number: 59-2427236 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEXTER, RICHARD
15935 SUASNLITO CIRCLE
CLERMONT, FL 34711 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: PT () Delete
Name: DEXTER, RICHARD
Address: 15935 SUASNLITO CIRCLE
City-St-Zip: CLERMONT, FL 34711

Title: TT () Delete
Name: LUSH, JAMES
Address: 17115 FRANKLIN
City-St-Zip: MONTVERDE, FL 34756

Title: T () Delete
Name: BRYANT, REBA
Address: 16838 CR 50
City-St-Zip: WINTER GARDEN, FL 34787

Title: S/T () Delete
Name: DEXTER, HEATHER
Address: 15935 SAUSALITO CIR
City-St-Zip: CLERMONT, FL 34711

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: GRAIN, CHRISTINA
Address: 16619 ROCKWELL HEIGHTS LANE
City-St-Zip: CLERMONT, FL 34711

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: RICHARD DEXTER

PT

04/30/2009

Electronic Signature of Signing Officer or Director

Date