## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N01000002100

FILED Jan 25, <u>2</u>008 Secretary of State

Entity Name: GRACE BAPTIST CHURCH OF TITUSVILLE, INC. **Current Principal Place of Business: New Principal Place of Business:** 1215 NORWOOD AVE TITUSVILLE, FL 327962751 **Current Mailing Address: New Mailing Address:** 1215 NORWOOD AVE TITUSVILLE, FL 327962751 FEI Number: 59-3712700 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: THOMPSON, LAWRENCE S 1215 NORWOOD AVE. TITUSVILLE, FL 327962751 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete THOMPSON, LAWRENCE S Name: Name: Address: 950 CYPRESS COURT Address: City-St-Zip: TITUSVILLE, FL 32780 City-St-Zip: Title: DST ( ) Delete Title: () Change () Addition Name: THOMPSON, MARJORIE C Name: Address: 950 CYPRESS COURT Address: City-St-Zip: TITUSVILLE, FL 32780 City-St-Zip: Title: () Delete Title: () Change () Addition SMITH, DOUGLAS B Name: Name: Address: 969 FAY BLVD Address: City-St-Zip: COOCA, FL 32927 City-St-Zip: Title: ( ) Delete Title: (X) Change ( ) Addition Name: HALL, STAFFORD A Name: HALL, STAFFORD A 3856 GOLDEN MEADOW COURT 217 BURNSED PL Address: Address: City-St-Zip: OVIEDO, FL 32765 City-St-Zip: OVIEDO, FL 32765

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: LAWRENCE S. THOMPSON DP 01/25/2008