2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# N01000003678

Entity Name: GRACE TABERNACLE WORSHIP & PRAISE MINISTREIES, INC.

Current Principal Place of Business:

10830 NW 35TH PLACE
SUNRISE, FL 33351

New Principal Place of Business:

Current Mailing Address:

10830 NW 35TH PLACE
SUNRISE, FL 33351

New Mailing Address:

FEI Number: 65-1104762 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SMITH, NIGEL
10830 NW 35TH PLACE
SUNRISE, FL 33351 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:	DP	( ) Delete
Name:	SMITH, NIGEL D	
Address:	10830 NW 35TH PLACE	
City-St-Zip:	SUNRISE, FL 33351	
Title:	DV	( ) Delete
Name:	SMITH, DORNA J	
Address:	10830 NW 35TH PLACE	
City-St-Zip:	SUNRISE, FL 33351	
Title:	DS	( ) Delete
Name:	SMALL, DOTTILDA	
Address:	2451 NW 41ST AVE BLDG 5 APT 105	
City-St-Zip:	LAUDERHILL, FL 33313	
Title:	DT	( ) Delete
Name:	GREEN, KHARLEEN	
Address:	861 NW 64TH TERRACE	
City-St-Zip:	NORTH LAUDERDALE, FL 33068	

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: NIGEL SMITH DP 04/30/2009

Electronic Signature of Signing Officer or Director — Date