

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007253

FILED
Apr 29, 2008
Secretary of State

Entity Name: GOD'S GRACE FELLOWSHIP CORPORATION

Current Principal Place of Business:

693 IXORA DRIVE
MELBOURNE, FL 32935

New Principal Place of Business:

Current Mailing Address:

693 IXORA DRIVE
MELBOURNE, FL 32935

New Mailing Address:

FEI Number: 59-3749770

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSSI, STEVEN A
693 IXORA DRIVE
MELBOURNE, FL 32935 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: C/P () Delete
Name: ROSSI, STEVEN A
Address: 693 IXORA DRIVE
City-St-Zip: MELBOURNE, FL 32935

Title: V () Delete
Name: ROSSI, TERRI L
Address: 693 IXORA DRIVE
City-St-Zip: MELBOURNE, FL 32935

Title: S/T () Delete
Name: ROTHSCHILD, DELORES
Address: 945 BELL AVENUE
City-St-Zip: MELBOURNE, FL 32935

Title: D () Delete
Name: ROTHSCHILD, BENJAMIN
Address: 945 BELL AVENUE
City-St-Zip: MELBOURNE, FL 32935

Title: D (X) Delete
Name: MILLER, BARBARA
Address: 2593 SADLER LANE
City-St-Zip: MELBOURNE, FL 32935

Title: D (X) Delete
Name: CORDELL, DORIS
Address: 2311 COLONY DR.
City-St-Zip: MELBOURNE, FL 32935

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S/T (X) Change () Addition
Name: RAINIER, HANNAH J
Address: 1806 BUICK AVENUE
City-St-Zip: MELBOURNE, FL 32935

Title: D (X) Change () Addition
Name: ROSSI, STEVEN A II
Address: 4663 ASHBURN SQ DRIVE
City-St-Zip: TAMPA, FL 33610

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: STEVEN A. ROSSI

C/P

04/29/2008

Electronic Signature of Signing Officer or Director

Date