2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2009
Secretary of State

DOCUMENT# N02000002120

Entity Name: GRACE COMMUNITY CHURCH OF MOSSY HEAD, FL., INC.

Current Principal Place of Business:

1287 LAIRD ROAD
CRESTVIEW, FL 32539 US

New Principal Place of Business:

Current Mailing Address:

1287 LAIRD ROAD
CRESTVIEW, FL 32539 US

New Mailing Address:

FEI Number: 04-3660985 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DUFFEY, TIM H
1431 LAIRD ROAD
CRESTVIEW, FL 32539 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: DUFFEY, TIM H
Address: 1431 LAIRD ROAD
City-St-Zip: CRESTVIEW, FL 32539

Title: VT ( ) Delete
Name: BREWER, JIM
Address: 1641 CROWDER CHAPEL ROAD
City-St-Zip: CRESTVIEW, FL 32539

Title: S ( ) Delete
Name: PATRICK, GINNIE
Address: 126 LEISURE LAKE ROAD
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: TT ( ) Delete
Name: BREWER, MALINDA
Address: 1641 CROWDER CHAPEL ROAD
City-St-Zip: CRESTVIEW, FL 32539

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S (X) Change ( ) Addition
Name: DUFFEY, FRAN
Address: 1431 LAIRD RD
City-St-Zip: CRESTVIEW, FL 32539

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: MALINDA BREWER TT 03/13/2009
Electronic Signature of Signing Officer or Director Date