2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2008
Secretary of State

DOCUMENT# N02000004116

Entity Name: GRACE COMMUNITY UNITED METHODIST CHURCH AT FISHHAWK, INC.

Current Principal Place of Business:

5708 LITHIA PINECREST ROAD
LITHIA, FL 33547

New Principal Place of Business:

Current Mailing Address:

5708 LITHIA PINECREST ROAD
LITHIA, FL 33547

New Mailing Address:

FEI Number: 71-0890809 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HARDING, ROBERT L
5708 LITHIA PINECREST ROAD
LITHIA, FL 33547 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: DCHA ( ) Delete
Name: BORDEN, JOHN
Address: 409 CRANBERRY LANE
City-St-Zip: BRANDON, FL 33510

Title: MGRM ( ) Delete
Name: HARDING, ROBERT L
Address: 5708 LITHIA PINECREST ROAD
City-St-Zip: LITHIA, FL 33547

Title: SD ( ) Delete
Name: HUGHES, RYAN
Address: 5804 SIERRA CREST
City-St-Zip: LITHIA, FL 33547

Title: D (X) Delete
Name: LAW, JIM
Address: 9709 BRYANT ROAD
City-St-Zip: LITHIA, FL 33547

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: CAMPBELL, JEFF
Address: 6128 WHIMBRELWOOD DRIVE
City-St-Zip: LITHIA, FL 33547

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: ROBERT L HARDING MGRM 01/30/2008

Electronic Signature of Signing Officer or Director — Date