

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 14, 2009
Secretary of State**

DOCUMENT# N02000008042

Entity Name: THE GRACE PLACE FAMILY CHURCH, INC.

Current Principal Place of Business:

6844 WILLOW CREEK RUN
LAKE WORTH, FL 33463

New Principal Place of Business:

Current Mailing Address:

PO BOX 542354
GREENACRES, FL 33454

New Mailing Address:

FEI Number: 11-3658323 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BROWN, JAMES F
6844 WILLOW CREEK RUN
LAKE WORTH, FL 33463 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: SD () Delete
Name: RUSSELL, MARY
Address: 924 W BRANCH ST.
City-St-Zip: LANTANA, FL 33462

Title: VPD () Delete
Name: MARCINKOSKI, RAY ALLEN
Address: 6666 43RD AVE S
City-St-Zip: BOYNTON BEACH, FL 33436

Title: TD () Delete
Name: PFEIFFER, MARLENE
Address: 5201 CHELON COVE
City-St-Zip: LAKE WORTH, FL 33467

Title: PD () Delete
Name: HARMAN, ROBERT
Address: 893 W BLOXHAM ST
City-St-Zip: LANTANA, FL 33462

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: TD (X) Change () Addition
Name: PFEIFFER, MARLENE
Address: 5201 CHELAN COVE
City-St-Zip: LAKE WORTH, FL 33467

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: MARLENE PFEIFFER

TD

03/14/2009

Electronic Signature of Signing Officer or Director

Date