2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009286

FILED Jan 12, 2009 Secretary of State

Entity Name: GRACE TABERNACLE CHURCH OF BROWARD, CORP.

	Principal Place	of Business:	New Principal Pla	New Principal Place of Business:	
4700 NOF	RTH SR7				
104 LAUDERE	DALE LAKES, F	FL 33319			
Current Mailing Address:			New Mailing Addr	ess:	
	IRISE LAKES E , FL 33322	E DRIVE APT 209			
FEI Number	r: 04-3726889	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of C	Current Registered Agent:	Name and Addres	s of New Registered Agent:	
	IRISE LAKES E	E DRIVE APT 209 US			
	e named entity se of Florida.	submits this statement for the	purpose of changing its registe	ered office or registered agent, or both,	
SIGNATU					
	Electror	nic Signature of Registered A	gent	Date	
OFFICER	S AND DIREC	TORS:	ADDITIONS/CHAN	NGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	DANIEL, HILTO	LAKES EAST DRIVE #209	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	D () MCVANE, ROM 7111 NW 70TH TAMARAC, FL	STREET	Title: Name: Address: City-St-Zip:	() Change () Addition	
) Delete			
Name: Address:	OMER, LEONN 4930 NW 11TH	A ST.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	OMER, LEONN 4930 NW 11TH FORT LAUDER D () JAMES, JULIAN	A ST. I CT DALE, FL 33313) Delete N I LAKES E DRIVE	Name: Address:	() Change () Addition () Change () Addition	
Name: Address: City-St-Zip: Title: Name: Address:	OMER, LEONN 4930 NW 11TH FORT LAUDER D () JAMES, JULIAN 2751 SUNRISE SUNRISE, FL 3	A ST. ICT DALE, FL 33313 Delete N ILAKES E DRIVE 33322 Delete L ISTREET	Name: Address: City-St-Zip: Title: Name: Address:	· · · · · · · · · · · · · · · · · · ·	

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: HILTON DANIEL DP 01/12/2009