


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 12, 2008 8:00 am
Secretary of State

08-12-2008 90025 017 ****70.00

DOCUMENT # N02000009919 1. Entity Name GRACE EVANGELICAL BAPTIST CHURCH, INC.					
Principal Place of Business 2047 NE 151 STREET NORTH MIAMI, FL 33162				Mailing Address 1314 NE 183 ST NORTH MIAMI BEACH, FL 33162	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 20571 NW 12th Place			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Miami Gardens, FL			
Zip	Country	Zip 33169	Country Dade	4. FEI Number 55-0811731	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent ST. LOUIS, JACQUES 1314 NE 183 ST NORTH MIAMI BEACH, FL 33162				7. Name and Address of New Registered Agent Name Rev. JACQUES F. SAINT-LOUIS Street Address (P.O. Box Number is Not Acceptable) 20571 NW 12th Place City Miami Gardens FL 33169	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T1 PETIT-HOMME, GLADYS 85 NE 171 STREET NORTH MIAMI BEACH, FL 33162 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ORESTE, AUGUSTIN 1671 NE 146TH STREET NORTH MIAMI BEACH, FL 33161 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member: Magareth B. INNOCENT. 445 NW 80th Street Miami, Florida 33150 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SAINT-LOUIS, JACQUES F REV 4314 NE 183RD ST NORTH MIAMI BEACH, FL 33162 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	New address 20571 NW 12th Place Miami Gardens, FL 33169 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VALEUR, LINDA 42 NW 70TH STREET MIAMI, FL 33150 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Jacques F. Saint-Louis</i> JACQUES F. Saint-Louis			07/03/2008 (305) 655-1724		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		