


**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 <i>20571 NW 12th Place</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <i>Miami Gardens, FL</i>	
Zip	Country	Zip	Country
		<i>33169</i>	<i>Fla</i>
4. FEI Number 55-0811731		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ST. LOUIS, JACQUES 1314 NE 183 ST NORTH MIAMI BEACH, FL 33162		Name <i>Rev. JACQUES F. SAINT-LOUIS</i>	
		Street Address (P.O. Box Number is Not Acceptable)	
		<i>20571 NW 12th Place</i>	
		City	Zip Code
		<i>Miami Gardens</i>	<i>FL 33169</i>
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)</small>			
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	T1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETIT-HOMME, GLADYS	NAME	
STREET ADDRESS	85 NE 171 STREET	STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33162	CITY-ST-ZIP	
TITLE	D	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ORESTE, AUGUSTIN	NAME	<i>Member. Magareth B. INNOCENT.</i>
STREET ADDRESS	1671 NE 146TH STREET	STREET ADDRESS	<i>445 NW 80th Street.</i>
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33161	CITY-ST-ZIP	<i>Miami, Florida 33150</i>
TITLE	P	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAINT-LOUIS, JACQUES F REV	NAME	<i>New address</i>
STREET ADDRESS	4314 NE 183RD ST	STREET ADDRESS	<i>20571 NW 12th Place</i>
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33162	CITY-ST-ZIP	<i>Miami Gardens, FL 33169</i>
TITLE	S	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALEUR, LINDA	NAME	
STREET ADDRESS	42 NW 70TH STREET	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33150	CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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>		Date: <i>07/03/2008</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #: <i>(305) 655-1724</i>	

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